. ! Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

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(512) 463-5800 (TDD 1-800-735-2989)

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH Cover Sheet pg 1
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MISTMRS/MR FIRST MI Christopher NICKNAME LAST SUFFIX LEE	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE #; CITY; STATE; ZIP CODE P.O. BOX 766 Hempsterd, TX. 7745	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832-) 800 4533	Receipt # Amotine 217
6 CAMPAIGN TREASURER NAME	MISMARSAMR FIRST MI Myrtle NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NOPO BOX PLEASE): APT/SUITE #; CITY; STATE; 1つろち 10せる ちも、Hempsteud, TX	zip çode 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 530-5306	
9 REPORT TYPE	January 15 X 30th day before election Runoff	15th day after campaign treasurer appointment (officehokteronly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 01/14/2012 THROUGH 04/14 C4	Year 2012
11 ELECTION	ELECTION DATE Day Year OS/29/2012 ELECTION TYPE Primary Runoff	General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known)	
I	GO TO PAGE 2	

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| Texas Ethics Commissio                      | n P.O. Box                                | 12070                                   | Austin, Texas                       | 78711-2070                                  | (512) 463-58     | 00 (TDD 1-800-735-2989)                                                                                   |
|---------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------|
| CANDIDAT<br>SUPPORT                         |                                           |                                         | LDER RE                             | EPORT:                                      | С                | FORM C/OH<br>OVER SHEET PG 2                                                                              |
| 14 C/OH NAME                                | Christe                                   | oher                                    | Lee,                                |                                             | <b>15</b> AC     | COUNT # (Ethics Commission Filers)                                                                        |
| 16 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | THIS BOX IS FOR NOT<br>CANDIDATE / OFFICE | CE OF POLITICA<br>HOLDER. THES          | L CONTRIBUTIONS ACCEPT              | AVE BEEN MADE WITHOUT                       | THE CANDIDATE'S  | LITICAL COMMITTEES TO SUPPORT THE<br>OR OFFICEHOLDER'S KNOWLEDGE OR<br>CEIVE NOTICE OF SUCH EXPENDITURES. |
|                                             | COMMITTEE TYPE                            | COMMITTEE                               | NAME                                |                                             |                  |                                                                                                           |
|                                             | GENERAL                                   | COMMITTEE                               | ADDRESS                             |                                             |                  |                                                                                                           |
| additional pages                            |                                           | COMMITTEE                               | CAMPAIGN TREASURE                   | RNAME                                       |                  | :                                                                                                         |
|                                             |                                           | COMMITTEE                               | CAMPAIGN TREASURE                   | ERADDRESS                                   |                  |                                                                                                           |
| 17 CONTRIBUTION<br>TOTALS                   |                                           |                                         |                                     | 550 OR LESS (OTH<br>F LOANS), UNLESS        |                  | \$ 100.00                                                                                                 |
|                                             |                                           |                                         | L CONTRIBUTION<br>GES, LOANS, OR G  | NS<br>UARANTEES OF LOA                      | ANS)             | \$ 7,150.00                                                                                               |
| EXPENDITURE<br>TOTALS                       | 3. TOTAL P                                | OLITICAL E                              | XPENDITURES OF \$                   | 100 OR LESS, UNLE                           | SS ITEMIZED      | \$ Ø                                                                                                      |
|                                             | 4. TOTAL                                  | POLITICAL                               | EXPENDITURES                        |                                             |                  | \$ 4,685.27                                                                                               |
| CONTRIBUTION<br>BALANCE                     |                                           | OLITICAL CO<br>DRTING PER               |                                     | NTAINED AS OF THE                           | LAST DAY         | \$ 3,917.6)                                                                                               |
| OUTSTANDING<br>LOAN TOTALS                  |                                           |                                         | MOUNT OF ALL OUT<br>EPORTING PERIOD | STANDING LOANS                              | AS OF THE        | \$1,850.00                                                                                                |
| 18 AFFIDAVIT                                |                                           |                                         | is true                             | and correct and includer Title 15, Election | udes all informa | , that the accompanying report<br>tion required to be reported by<br>r Officeholder                       |
| AFFIX NOTARY STAM                           |                                           |                                         |                                     | ist abo                                     | -100             |                                                                                                           |
| Sworn to and subs                           | for April                                 | , 20<br>                                | D, to ce<br>D, to ce                | ertify which, with                          | ness my har      | , this the<br>nd and seal of office.<br>Ota v g<br>e of officer administering oath                        |
| www.ethics.state.tx.us                      | ST My C                                   | Notary Pub<br>ATE OF TE<br>comm. Exp. ( | EXAS X                              |                                             |                  | Revised 09/28/2011                                                                                        |

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|                               | AL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                                                                                                         | NS                                                            |                                  | SCHEDULE A                                            |
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| The Ir                        | struction Guide explains how to complete this                                                                                                                    | ; form.                                                       | 1 Total pages Sch<br>1 D 9       | edule A:                                              |
| 2 FILER NAME                  | Christopher Lee                                                                                                                                                  | anna - a na seo se sta se | 3 ACCOUNT # (E                   | thics Commission Filers)                              |
| 4 Dato 8<br>3/27/2012         | 5 Full name of contributor [] out-of-state PAC (ID#_<br>Myrtle Carson<br>6 Contributor address; City; State: Zip Code<br>1735 10 <sup>th</sup> St. Hemp Stead, T |                                                               | 7 Amount of<br>contribution (\$) | 8 In-kind contribution<br>description (if applicable) |
|                               | tion / Job title (See Instructions)                                                                                                                              | 10 Employer (See                                              |                                  | of Texas, complete Schedule T)                        |
| Date<br>3/27/2012             | Full name of contributor [] out-of-state PAC (IDA_<br>CACEULO. LEE<br>Contributor attoress; City; State; Zip Code<br>2002 Bent River Sugar Law                   |                                                               | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| Principal occupa              | tion / Job title (See Instructions)                                                                                                                              | Employer (See                                                 |                                  | of Texas, complete Schedule T)                        |
| Date<br>3/27/2012             | Full name of contributor out-of-state PAC (ID#_<br>Amy SUng<br>Contributor address; City; State: Zip Code<br>5119 Brookwood Bridge La                            | ·Λe,                                                          | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| Principal occupa              | tion / Job title (See Instructions)                                                                                                                              | Employer (See                                                 |                                  | of Texas, complete Schedule T)                        |
|                               | Full name of contributor [ aut-ot-state PAC (ID#_<br>Kirk Paschal<br>Contributor address: City: State: Zip Code<br>2802 Willow Enter Hou,                        | Тх-77066                                                      | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| Principal occupa              | tion / Job title (See Instructions)                                                                                                                              | Employer (See                                                 |                                  | of Texas, complete Schedule T)                        |
| Date<br>3/2 7/2018            | Full name of contributor [] out-of-state PAC (10#:<br>                                                                                                           |                                                               | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| Principal occupa              | tion / Job title (See Instructions)                                                                                                                              | Employer (See                                                 |                                  | of Texas, complete Schedule T)                        |
| If co<br>www.ethics.state.tx. | ATTACH ADDITIONAL COPIES (<br>ntributor is out-of-state PAC, please see instr                                                                                    |                                                               |                                  | requirements.<br>Revised 09/28/201                    |

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|                     | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                                                                                | IS                        |                                  | SCHEDULE A                                            |
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| The                 | Instruction Guide explains how to complete this                                                                                          | form.                     | 1 Total pages Sch<br>この          |                                                       |
| 2 FILER NAME        | Christopher Lee                                                                                                                          |                           | 3 ACCOUNT # (E                   | thics Commission Filers)                              |
| 4 Date<br>3/27/2012 | <ul> <li>Full name of contributor [] out-of-state PAC (ID#</li></ul>                                                                     | · · · · · · · · · · · · · | 7 Amount of<br>contribution (\$) | 8 In-kind contribution<br>description (if applicable) |
| , , ,<br>, ,        | 10934 Tulip Garden Ct., Hou                                                                                                              | Ty.77065                  | (If travel outside               | <br> <br>of Texas, complete Schedule T)               |
| 9 Principal occur   | pation / Job title (See Instructions)                                                                                                    | 10 Employer (See          | Instructions)                    |                                                       |
| Date                | Full name of contributor Deut-of-state PAC (10#                                                                                          |                           | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 3/21/2012           | William Yeh<br>Contributor address; City; State; Zip Code<br>4708 Braburn Bellaire, TX                                                   | 19401                     | \$ 100.00                        |                                                       |
| Principal occur     | pation 7 Job title (See Instructions)                                                                                                    | Employer (See I           |                                  | of Texas, complete Schedule T)                        |
| Date                | Full name of contributor Dout-of-state PAC (ID#                                                                                          |                           | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 3/27/2012           | Suchen KUO<br>Contributor address; City; State; Zip Code<br>20730 Shadon M. U. Ct., Katy                                                 | דען 50                    | \$\$100.00                       |                                                       |
| Principal occur     | pation / Job title (See Instructions)                                                                                                    | Employer (See             | L                                | of Texas, complete Schedule T)                        |
| Datë                | Full name of contributor $\Box$ cut-ot-state PAC (ID#_                                                                                   | )                         | Amount of contribution (\$)      | In-kind contribution<br>description (if applicable)   |
| 3/27/2012           | Contributor address: City: State; Zip Code<br>20726 Shadow Mill Ct., Katy TX                                                             |                           | \$100                            | <br> <br>                                             |
| Principal occup     | pation / Job title (See Instructions)                                                                                                    | Employer (See             |                                  | of Texas, complete Schedule T)                        |
| Date<br>3/27/2012   | Full name of contributor out-of-state PAC (1D#:_<br>Shu Chou<br>Contributor address; City: State; Zip Code<br>3210 Bent Grass Katy TX. 7 | ,<br>,                    | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| Principal occu      | pation / Job title (See Instructions)                                                                                                    | Employer (See             | (If travel outside               | of Texas, complete Schedule T)                        |
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|                     | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                                                                                         | IS                 |                                            | SCHEDULE A                                            |
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| The                 | Instruction Guide explains how to complete this                                                                                                   | form.              | 1 Total pages Sch<br>3 Gg                  | edule A:                                              |
| 2 FILER NAME        | Christopher Lee                                                                                                                                   |                    | 3 ACCOUNT # (E                             | thics Commission Filers)                              |
| 4 Dato<br>3/27/2012 | 5 Full name of contributor [] out-of-state PAC (10#_<br>Shu-Ying HSU<br>6 Contributor address; City; State; Zip Code<br>607 Sugar creek Sugar Lar | nd TX. 77478       | 7 Amount of<br>contribution (\$)           | 8 In-kind contribution<br>description (if applicable) |
|                     | pation / Job title (See instructions)                                                                                                             | 10 Employer (See I | (If travel outside                         | I<br>of Texas, complete Schedule T)                   |
| Date<br>3/21/2012   | Full name of contributor [] out-of-state PAC (ID#_<br>Elizebeth HWONS<br>Contributor address; City; State, Zip Code<br>11713 Durette Dr. Hou, TX  |                    | Amount of<br>contribution (\$)             | In-kind contribution<br>description (if applicable)   |
| Principal occur     | pation / Job title (See Instructions)                                                                                                             | Employer (See I    | ••••••••••••••••••••••••••••••••••••••     | I<br>of Texas, complete Schedule T)                   |
| Date<br>3/21/2012   | Full name of contributor Dutt-of-state PAC (ID#_<br>Gloria Thomp Son<br>Contributor address; City State; Zip.Code<br>1236 First St, Hemp Stead T  | <i></i>            | Amount of<br>contribution (\$)             | In-kind contribution<br>description (if applicable)   |
| Principal occur     | pation / Job title (See Instructions)                                                                                                             | Employer (See I    | L                                          | l<br>of Texas, complete Schedule T)                   |
| Date<br>3/27/2012   | Full name of contributor [] out-of-state PAC (ID#                                                                                                 |                    | Amount of<br>contribution (\$)<br>(\$)     | In-kind contribution<br>description (if applicable)   |
| Principal occuj     | pation / Job title (See Instructions)                                                                                                             | Employer (See I    |                                            | I<br>of Texas, complete Schedule T)                   |
| Date<br>3/2-7/2012  | Full name of contributor [] out-of-state PAC (ID#;<br>Mary Anne Wiesner<br>Contributor address; City: State; Zip Code<br>P.O. BOX 257 Waller, TX. | ,<br>ๅๅ4%4         | Amount of<br>contribution (\$)<br>\$100.00 | In-kind contribution<br>description (if applicable)   |
| Principal occu      | pation / Job title (See Instructions)                                                                                                             | Employer (See      |                                            | of Texas, complete Schedule 7)                        |
| If a                | ATTACH ADDITIONAL COPIES (<br>contributor is out-of-state PAC, please see inst                                                                    |                    |                                            | requirements.<br>Revised 09/28/201                    |

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|                   | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAI                                                     | NS                                            |                                                                                                                | SCHEDULE A                                            |
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| The               | Instruction Guide explains how to complete this                                               | s form.                                       | 1 Total pages Sch<br>H R 9                                                                                     | nedule A:                                             |
| 2 FILER NAME      | CHRISTOPHER LEE                                                                               |                                               | 3 ACCOUNT # (E                                                                                                 | thics Commission Filers)                              |
| 4 Dato            | 5 Full name of contributorout-p(-state PAC (ID#                                               |                                               | 7 Amount of<br>contribution (\$)                                                                               | 8 In-kind contribution<br>description (if applicable) |
| 3/27/2012         | Kui Yang<br>6 Contributor address: City; State; Zip Code<br>635 Royal Lakes De Richmon        | ۹، TX 77469                                   | 50.000                                                                                                         |                                                       |
| 9 Principal occur | pation / Job title (See Instructions)                                                         | 10 Employer (See                              |                                                                                                                | of Texas, complete Schedule T)                        |
|                   |                                                                                               |                                               |                                                                                                                | ······                                                |
| Date              | Full name of contributor [] out-of-state PAC (D#_                                             |                                               | Amount of contribution (\$)                                                                                    | In-kind contribution<br>description (if applicable)   |
| 3/27/2012         | Kenneth Lina<br>contributor address; City; State; Zip Code<br>6918 Corporate DR. Hou, TX. 770 | 36                                            | \$500.00                                                                                                       |                                                       |
|                   |                                                                                               |                                               | (If travel outside                                                                                             | I<br>of Texas, complete Schedule T)                   |
| Principal occu    | pátion / Job title (See Instructions)                                                         | Employer (See                                 | Instructions)                                                                                                  |                                                       |
| Date              | Full name of contributor 🔲 out-of-state PAC (ID#:                                             |                                               | Amount of contribution (\$)                                                                                    | In-kind contribution<br>description (if applicable)   |
| 3121/2017         | Christ'i Vao<br>contributor address: City; State: Zip Code<br>2815 Pepperwood Sugar Land      | TX. 77449                                     | \$400.00                                                                                                       | <br>  .                                               |
|                   |                                                                                               |                                               | (If travel outside                                                                                             | I<br>of Texas, complete Schedule T)                   |
| Principal occu    | pation / Job title (See Instructions)                                                         | Employer (See                                 | Instructions)                                                                                                  |                                                       |
| Date              | Full name of contributor [] OUT-OT-State PAC (ID#_<br>Chien Lo                                |                                               | Amount of<br>contribution (\$)                                                                                 | In-kind contribution<br>description (if applicable)   |
| 3/27/2012         | Chien Lo<br>Contributor address: City: State; Zip Code<br>4314 Kenston Pl. Missouri City      | TX. 774 59                                    | \$300.50                                                                                                       |                                                       |
|                   |                                                                                               |                                               | (If travel outside                                                                                             | of Texas, complete Schedule T)                        |
| Principal occu    | pation / Job title (See Instructions)                                                         | Employer (See                                 | Instructions)                                                                                                  |                                                       |
| Date              | Full name of contributor [] out-of-state PAC.(ID#_<br>Chao Lee                                | ۱ <u>ــــــــــــــــــــــــــــــــــــ</u> | Amount of<br>contribution (\$)                                                                                 | In-kind contribution<br>description (if applicable)   |
| 3/27/2012         | Chao Lee<br>Contributor address; City; State; Zip Code<br>2231 Southgete Houston, TX-7        | 0E0F                                          | \$2,50.10                                                                                                      |                                                       |
|                   |                                                                                               |                                               | characterizes and assessed and a second statements and the second statements and the second statements and the | of Texas, complete Schedule T)                        |
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|                    | AL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                                        | S                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SCHEDULE A                                              |
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| 2 FILER NAME       | Christopher Lee                                                                                 |                    | 3 ACCOUNT # (E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | thics Commission Filers)                                |
| 4 Dato             | 5 Full name of contributor [] out-of-state PAC (D#                                              |                    | 7 Amount of contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 In-kind contribution description (if applicable)      |
| 3/27/2012          | 6 Contributor address; City; State; Zip Code<br>3615 Victory Reproce Ln. Katy Th                | k 774≤0            | \$250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
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| 3/0 7/20 12        | Cecil Fons<br>Contributor address: City; State: Zip Code<br>12054 E. Circle Dr. Hou, TX         | רסרך) .            | \$ 200.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |
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| 3/27 /2013         | Willie Lai,<br>Contributor address: City; State: Zip Code<br>2838 Mccullock Circle, HOV, TX.    | 77056              | \$2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
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| Dáte               | Full name of contributor out-ot-state PAC (ID#<br>Chen HSU                                      | )                  | Amount of<br>contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | In-kind contribution<br>description (if applicable)     |
| 3/27/2012          | Contributor address: City: State; Zip Code<br>2422 Clausson Falls Sugar Land                    | 1,1277479          | \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |
| Principal occup    | ation / Job title (See Instructions)                                                            | Employer (See I    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i<br>of Texas, complete Schedule T)                     |
| Date               | Full name of contributor [] out-of-state PAC (ID#:                                              | )                  | Amount of<br>contribution (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | In-kind contribution<br>description (if applicable)     |
| 312 <b>7/</b> 2012 | Laura Niebling<br>contributor address: City: Ostate; zip Code<br>P.O. Box 372, Aebble Beach, Ca |                    | \$100.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |
| Principal occup    | pation / Job title (See Instructions)                                                           | Employer (See I    | Construction with an and the state of the st | of Texas, complete Schedule T)                          |
|                    | ATTACH ADDITIONAL COPIES O<br>ontributor is out-of-state PAC, please see instru                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nillindiina taman an a |
| www.ethics.state.t | X.u5                                                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Revised 09/28/2011                                      |

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|                                   | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAI                                                                                                                                                  | NS                            |                                                    | SCHEDULE A                                            |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|-------------------------------------------------------|
| The                               | Instruction Guide explains how to complete this                                                                                                                                            | s form.                       | 1 Total pages Sch<br>6 8 9                         | edule A: G                                            |
| 2 FILER NAME                      | 5 Full name of contributor DUI-ofestate PAC (ID#                                                                                                                                           |                               | .3 ACCOUNT # (E                                    | thics Commission Filers)                              |
| 4 Dato<br>4/10/12                 | Patrick GU<br>6 Contributor address; City; State; Zip Code<br>9315 Katy Fw                                                                                                                 |                               | 7 Amount of<br>contribution (\$)                   | 8 In-kind contribution<br>description (if applicable) |
| 9 Principal occu                  | HouTX. 77024                                                                                                                                                                               | 10 Employer (See              | <u> </u>                                           | i<br>of Texas, complete Schedule T)                   |
| Date<br>4/10/12                   | Full name of contributor [] out-of-state PAC (10#_<br>Michael Liv<br>Contributor address; City; State; Zip Code<br>1702 Garden Home D                                                      | R.                            | Amount of<br>contribution (\$)                     | In-kind contribution<br>description (if applicable)   |
| Principal occu                    | Sugar Land, T.X. 774<br>pation / Job title (See Instructions)                                                                                                                              | 79<br>Employer (See           |                                                    | I<br>of Texas, complete Schedule T)                   |
| Date<br>4/10/12                   | Full name of contributor out-of-state PAC (ID#<br>Thatia Wang<br>Contributor address; City; State; Zip Code<br>9222 Sharpview                                                              | •                             | Amount of<br>contribution (\$)<br><b>E 100.5</b> V | In-kind contribution<br>description (if applicable)   |
| Principal occu                    | HOU, TK. 77036<br>pation / Job title (See Instructions)                                                                                                                                    | Employer (See                 |                                                    | of Texas, complete Schedule T)                        |
| Date<br>4/10/12<br>Principal occu | Full name of contributor aut-of-state PAC (ID#:<br>Contributor address: City: State; Zip Code<br>14107 Ragus Lake<br>Sugar Land, TX, 7747<br>pation / Job title (See Instructions)         | · · · · · · · · · · · · · · · |                                                    | In-kind contribution<br>description (if applicable)   |
|                                   | Full name of contributor [] out-of-state PAC (ID#;<br>Yau Chen<br>Contributor address: City: State; Zip Code<br>(2130 BURSOMNE DR.<br>HOU, R. MOM<br>Pation / Job title (See Instructions) | Employer (See                 | · · · · · · · · · · · · · · · · · · ·              | In-kind contribution<br>description (if applicable)   |
| if o<br>www.ethics.state.         | ATTACH ADDITIONAL COPIES (<br>contributor is out-of-state PAC, please see inst                                                                                                             |                               |                                                    | requirements.<br>Revised 09/28/201                    |

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|                   | CAL CONTRIBUTIONS                                                                     | S                                     |                                | SCHEDULE A                                            |
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| The               | Instruction Guide explains how to complete this f                                     | orm.                                  | 1 Total pages Sch<br>၇         | nedule A: G                                           |
| 2 FILER NAME      | Christopher Lee                                                                       |                                       | 3 ACCOUNT # (E                 | thics Commission Filers)                              |
| 4 Date            | 5 Full name of contributorout-ut-state PAC (ID#                                       | · · · · · · · · · · · · · · · · · · · | 7 Amount of contribution (\$)  | 8 In-kind contribution<br>description (if applicable) |
| 4/10/12           | Bruce Chang.<br>6 Contributor address; City; State; Zip Code<br>3318 Still Meadow Ct. |                                       | \$100.00 -                     | Į<br>I                                                |
|                   | Sugar Land, Th. 77479                                                                 | )                                     | (If travel outside             | of Texas, complete Schedule T)                        |
| 9 Principal occu  | pation / Job title (See Instructions)                                                 | 0 Employer (See Ir                    | structions)                    |                                                       |
| Date .            | Full name of contributor [] pur-of-state PAC (ID#                                     | )                                     | Amount of<br>contribution (\$) | In-kind contribution<br>description (if applicable)   |
| 4/10/12           | Contributor address: City; State: Zip Code<br>1338 Oyster Point DR                    |                                       | (<br>(100. VD.                 |                                                       |
| Principal occu    | Sizer Lend, TX. 7478<br>pation 7 Job title (See Instructions)                         | Employer (See In                      |                                | I<br>of Texas, complete Schedule T)                   |
| Daté              | Full name of contributor out-ot-state PAC (ID#                                        | )                                     | Amount of contribution (\$)    | In-kind contribution<br>description (if applicable)   |
| 4/10/12           | Dawning HD<br>contributor address: City; State; Zip Code<br>6823 Spanish Bay Ct.      |                                       | \$100.vD                       |                                                       |
| Principal occu    | pation / Job title (See Instructions)                                                 | Employer (See In                      |                                | I<br>of Texas, complete Schedule T)                   |
| Date              | Full name of contributor 🔲 out-of-state PAC (ID#:                                     |                                       | Amount of contribution (\$)    | In-kind contribution<br>description (if applicable)   |
| 4/10/12           | Contributor address: City: State; Zip Code<br>2927 Field Line DR.                     |                                       | € 100.vD                       |                                                       |
|                   | Sugar Land, TX. 7747                                                                  | 9                                     | (If travel outside             | of Texas, complete Schedule T)                        |
| Principal occu    | pation / Job title (See Instructions)                                                 | Employer (See Ir                      | structions)                    |                                                       |
| Date              | Full name of contributor [] out-of-state PAC (ID#:]                                   |                                       | Amount of contribution (\$)    | In-kind contribution<br>description (if applicable)   |
| 4/10/12           | Contributor address; City; State; Zip Code<br>4007 Ashton Villa Ct                    |                                       | \$ 2,50.00                     |                                                       |
| Principal occu    | pation / Job title (See Instructions)                                                 | Employer (See Ir                      |                                | of Texas, complete Schedule T)                        |
| lf :              | ATTACH ADDITIONAL COPIES OF<br>contributor is out-of-state PAC, please see instru     |                                       |                                | requirements.                                         |
| www.ethics.state. | tx.us                                                                                 |                                       |                                | Revised 09/28/201                                     |

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|                            | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                                | 15                                    |                                  | SCHEDULE A                                            |
|----------------------------|------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------------------------|
| The                        | Instruction Guide explains how to complete this                                          | form.                                 | 1 Total pages Sch                | edule A:                                              |
| 2 FILER NAME               | Christopher Lee                                                                          |                                       | 3 ACCOUNT # (E                   | thics Commission Filers)                              |
| 4 Date                     | 5 Full name of contributor                                                               |                                       | 7 Amount of<br>contribution (\$) | 8 In-kind contribution<br>description (if applicable) |
| 4/19/12                    | 6 Contributor address; City; State: Zip Code<br>8312A Augustine De                       |                                       | ×\$50.00                         | · · ·                                                 |
|                            | Houston, TX 7036                                                                         |                                       | (If travel outside               | <br>of Texas, complete Schedule T)                    |
| 9 Principal occu           | oation / Job title (See Instructions)                                                    | 10 Employer (See                      | Instructions)                    |                                                       |
| Date                       | Full name of contributor [] out-of-state PAC (ID#                                        |                                       | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 4/10/12                    | Catherine Propot<br>Contributor address; City: State; Zip Code<br>47731 Old Houston Hwy. |                                       | \$ 50. VD                        | <br>                                                  |
|                            | Hempsterd, TX. 77445                                                                     |                                       | Of travel outside                | ,<br> <br>of Texas, complete Schedule T)              |
| Principal occuj            | pation / Job title (See Instructions)                                                    | Employer (See                         |                                  |                                                       |
| Date                       | Full name of contributor 🔲 out-ot-state PAC (ID#:                                        |                                       | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 4/19/12                    | Myrtle Carson<br>Contributor address: City; State; Zip Code<br>1735 10th 5t.             |                                       | \$ 200. vo                       |                                                       |
|                            | Hempstead, TX. 77445                                                                     |                                       |                                  | of Texas, complete Schedule T)                        |
| Principal occu             | pation / Job title (See Instructions)                                                    | Employer (See                         | Instructions)                    |                                                       |
| Date                       | Full name of contributor 🔲 out-ot-state PAC (ID#)                                        | )<br>)                                | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 4/10/12                    | Henry WU<br>Contributor address: City: State; Zip Code                                   |                                       | \$500.00                         | [                                                     |
|                            | 1 Lazywood Lane                                                                          |                                       | ×                                |                                                       |
| Principal occu             | pation / Job title (See Instructions)                                                    | Employer (See                         |                                  | of Texas, complete Schedule T)                        |
| Date                       | Full name of contributor [] out-of-state PAC (ID#:                                       | )                                     | Amount of<br>contribution (\$)   | In-kind contribution<br>description (if applicable)   |
| 4/10/12                    | Contributor address; City State; Zip Code                                                | · · · · · · · · · · · · · · · · · · · | \$100.00                         | T<br> <br>1                                           |
| Principal occu             | 3223 W. Farmington Ln<br>Suzerland, TX. 77479<br>pation / Job tille (See Instructions)   | -<br>Employer (See                    | (If travel outside               | I<br>of Texas, complete Schedule T)                   |
| If a<br>www.ethics.state.t | ATTACH ADDITIONAL COPIES C<br>contributor is out-of-state PAC, please see instr          |                                       |                                  |                                                       |
|                            | IA.40                                                                                    |                                       |                                  | Revised 09/28/2011                                    |

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| ł                 | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LOAN                                           | NS                    |                                                                                                                  | SCHEDULE A                                            |
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| The               | Instruction Guide explains how to complete this                                     | s form.               | 1 Total pages Sch                                                                                                | edule A: G                                            |
| 2 FILER NAME      | Christopher Lee                                                                     |                       | 3 ACCOUNT # (E                                                                                                   | thics Commission Filers)                              |
| 4 Date            | 5 Full name of contributorout-of-state PAC (ID#                                     | )                     | 7 Amount of<br>contribution (\$)                                                                                 | 8 In-kind contribution<br>description (if applicable) |
| 4/10/12           | 6 GWO-Jen Chang<br>6 Contributor address; City; State; Zip Code<br>4710 Braburn Dr. |                       | \$100.10                                                                                                         | <br> <br>                                             |
|                   | Bellaire, TX. 7740)                                                                 |                       | (If travel outside                                                                                               | I<br>of Texas, complete Schedule T)                   |
| 9 Principal occup | pation / Job title (See Instructions)                                               | 10 Employer (See      | Instructions)                                                                                                    |                                                       |
| Date              | Full name of contributor Dout-of-state PAC (ID#_                                    |                       | Amount of<br>'contribution' (\$)                                                                                 | In-kind contribution<br>description (if applicable)   |
| 3/20/12           | Jan Kish<br>Contributor address: City: State: Zip Code<br>2911 S. Sam Houston PKWy  | East                  | \$100.00                                                                                                         |                                                       |
|                   | Hou, TX. 77047                                                                      |                       | (If travel outside (                                                                                             | f Texas, complete Schedule T)                         |
| Principal occup   | Dation / Job title (See Instructions)                                               | Employer (See I       | **                                                                                                               |                                                       |
| Date              | Full name of contributor 🔲 out:of-state PAC (ID#:_                                  | )                     | Amount of contribution (\$)                                                                                      | In-kind contribution<br>description (if applicable)   |
|                   | Contributor address; City; State; Zip Code                                          |                       |                                                                                                                  | 1                                                     |
| Principal occur   | pation / Job title (See Instructions)                                               | Employer (See         | · · · ·                                                                                                          | of Texas, complete Schedule T)                        |
| Date              | Full name of contributor 🔲 out-oi-state PAC (ID#:_                                  | I                     | Amount of                                                                                                        | In-kind contribution                                  |
|                   |                                                                                     |                       | contribution (\$)                                                                                                | description (if applicable)                           |
|                   | Contributor address; City; State; Zip Code                                          |                       |                                                                                                                  | 1                                                     |
|                   |                                                                                     |                       |                                                                                                                  | of Texas, complete Schedule T)                        |
| Principal occuj   | L<br>pation / Job title (See Instructions)                                          | Employer (See         |                                                                                                                  |                                                       |
| Date              | Full name of contributor [ oul-pf-state PAC (ID#                                    |                       | Amount of<br>contribution (\$)                                                                                   | In-kind contribution<br>description (if applicable)   |
|                   | Contributor address; City; State; Zip Code                                          | · · · · · · · · · · · |                                                                                                                  |                                                       |
| Principal occu    | pation / Job title (See Instructions)                                               | Employer (See         | a series and a second | of Texas, complete Schedule T)                        |
| If o              | ATTACH ADDITIONAL COPIES (<br>contributor is out-of-state PAC, please see inst      |                       |                                                                                                                  | requirements.<br>Revised 09/28/201                    |

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| ТIТ                                                                                                                                                                                                                           | he instruction Guide explains how t                                                                                                                                                                              | to complete this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 Tota        | al pages Schedule E:                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------|
| 2 FILER NAME                                                                                                                                                                                                                  | Christopher                                                                                                                                                                                                      | Lee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 ACC         | COUNT # (Ethics Commissio                                                                                  |
| <b>4</b><br>тот                                                                                                                                                                                                               | AL OF UNITEMIZED LOANS                                                                                                                                                                                           | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | → →           | \$ 2,400.                                                                                                  |
| 5 Date of Ioan<br>3/2つ/2012                                                                                                                                                                                                   | 7 Name of lender<br>Mei Lee                                                                                                                                                                                      | out-of-state PAC (ID#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | ) 9 Loan Amount (\$)<br>81,400.50                                                                          |
| 6 Is lender<br>a financial<br>Institution?                                                                                                                                                                                    | 8 Lender address; City; St<br>P.O. Box 766                                                                                                                                                                       | ate; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 10 Interest rate                                                                                           |
| Y (y)                                                                                                                                                                                                                         | Hempstead, To                                                                                                                                                                                                    | .77445                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | 11 Maturity date<br>4-20-201                                                                               |
|                                                                                                                                                                                                                               | tion / Job title (See Instructions)                                                                                                                                                                              | 13 Employer (See Instruct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lions)        | 1 100 001                                                                                                  |
| 14 Description of Co                                                                                                                                                                                                          | llateral                                                                                                                                                                                                         | 15 Check if personal funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | were deposite | ed into political account                                                                                  |
| 🕅 none                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                                                            |
|                                                                                                                                                                                                                               | 17 Name of guarantor     18 Guarantor address;                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •••••         | 19 Amount Guarantee                                                                                        |
| 16 GUARANTOR<br>INFORMATION                                                                                                                                                                                                   | 18 Guarantor address; City                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <b>19</b> Amount Guarantee                                                                                 |
| 16 GUARANTOR<br>INFORMATION                                                                                                                                                                                                   | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender                                                                                                                                           | ; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ons)          | Loan Amount (\$)                                                                                           |
| 16 GUARANTOR<br>INFORMATION                                                                                                                                                                                                   | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender<br>Christophy Le<br>Lender address; City; State<br>1545 Mcin St.                                                                          | 21 Employer (See Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Loan Amount (\$)<br>\$/ 00.00                                                                              |
| 16 GUARANTOR<br>INFORMATION<br>20 Principal Occupat<br>Date of Ioan<br>3-7-2012<br>Is lender<br>a financial<br>Institution?<br>Y N                                                                                            | 18 Guarantor address; City<br>Ion (See Instructions)<br>Name of lender<br>Christopher Lec<br>Lender address; City; State<br>1545 Main St.<br>Hempsteud, TX 7                                                     | 21 Employer (See Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Loan Amount (\$)<br><b>5</b> /00.00<br>Interest rate<br>0%<br>Maturity date                                |
| 16 GUARANTOR<br>INFORMATION<br>20 not applicable<br>20 Principal Occupat<br>Date of Ioan<br>3-7-2012<br>Is lender<br>a financial<br>Institution?<br>Y N<br>Principal occupation<br>CCU                                        | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender<br>Christopher Lec<br>Lender address; City; State<br>1545 Main St.<br>Hempsteud, TX 7<br>in / Job title (See Instructions)<br>Enforcement | 21 Employer (See Instruction<br>aut-of-state PAC (ID#:<br>21 Zip Code<br>21 Employer (See Instruction:<br>Employer (See Instruction:<br>Hurris County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )<br>         | Loan Amount (\$)<br><b>\$</b> /000.00<br>Interest rate<br>0%<br>Maturity date<br>11-15-2012                |
| 16 GUARANTOR<br>INFORMATION<br>20 Principal Occupat<br>Date of Ioan<br>3-7-2012<br>Is lender<br>a financial<br>Institution?<br>Y N<br>Principal occupation<br>Cocupation<br>Description of Collat<br>() Cone                  | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender<br>Christopher Le<br>Lender address; City; State<br>1545 Mcin St.<br>Hempsteud, TX 7<br>in / Job title (See Instructions)<br>Enforcement  | 21 Employer (See Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )<br>         | Loan Amount (\$)<br><b>\$</b> /000.00<br>Interest rate<br>0%<br>Maturity date<br>11-15-2012                |
| 16 GUARANTOR<br>INFORMATION<br>20 Principal Occupat<br>Date of Ioan<br>3-7-2012<br>Is lender<br>a financial<br>Institution?<br>Y N<br>Principal occupation<br>Cccupation<br>Description of Collar                             | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender<br>Christopher Lec<br>Lender address; City; State<br>1545 Main St.<br>Hempsteud, TX 7<br>in / Job title (See Instructions)<br>Enforcement | 21 Employer (See Instruction<br>21 Employer (See Instruction)<br>21 Employer (See Instruction)<br>22 Employer (See Instruction)<br>23 Employer (See Instruction)<br>24 Employer (See Instruction)<br>24 Employer (See Instruction)<br>24 Employer (See Instruction)<br>25 Employer (See Instruction)<br>26 Employer (See Instruction)<br>27 Employer (See Instruction)<br>27 Employer (See Instruction)<br>28 Employer (See Instruction)<br>29 Employer (See Instruction)<br>20 Empl | )<br>         | Loan Amount (\$)<br><b>\$</b> /000.00<br>Interest rate<br>0%<br>Maturity date<br>11-15-2012                |
| 16 GUARANTOR<br>INFORMATION<br>20 not applicable<br>20 Principal Occupat<br>Date of Ioan<br>3-7-2012<br>Is lender<br>a financial<br>Institution?<br>Y N<br>Principal occupation<br>CCUC<br>Description of Collar<br>QUARANTOR | 18 Guarantor address; City<br>ion (See Instructions)<br>Name of lender<br>Christopher Le<br>Lender address; City; State<br>1545 Mcin St.<br>Hempsteud, TX 7<br>in / Job title (See Instructions)<br>Enforcement  | 21 Employer (See Instruction<br>21 Employer (See Instruction)<br>21 Employer (See Instruction)<br>22 Employer (See Instruction)<br>23 Employer (See Instruction)<br>24 Employer (See Instruction)<br>24 Employer (See Instruction)<br>24 Employer (See Instruction)<br>25 Employer (See Instruction)<br>26 Employer (See Instruction)<br>27 Employer (See Instruction)<br>27 Employer (See Instruction)<br>28 Employer (See Instruction)<br>29 Employer (See Instruction)<br>20 Empl | )<br>         | Loan Amount (\$)<br><b>5</b> /00.00<br>Interest rate<br>0%<br>Maturity date<br>11-15-2012<br>Interest rate |

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| Texas Ethics Commissio                                                                   | n P.O. Box 12070                                                                                                | Austin, Texas 787                                                                                                                              | 11-2070 (5                                                   | 12) 463-5800                                                                                         | (TDD 1-800-735-29                          |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------|
| POLITICAL                                                                                | EXPENDITURES                                                                                                    |                                                                                                                                                |                                                              |                                                                                                      | SCHEDULE <b>F</b>                          |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense | JRE CATEGORIES<br>Salaries/Wages/C<br>Solicitation/Fundr<br>Travel In District<br>Travel Out Of Di<br>Office Overhead/<br>uide explains how to | Contract Labor<br>aising Expense<br>strict<br>Rental Expense | Loan Repayment/F<br>Transportation Equ<br>Contributions/Dona<br>Candidate/Offic<br>OTHER (enter a ca | ipment & Related Expense                   |
| Total pages Schedule F:                                                                  |                                                                                                                 | opher y.                                                                                                                                       | LEE                                                          | 3 ACCOUNT                                                                                            | # (Ethics Commission Filer                 |
| Date<br>3-18-12                                                                          | 5 Payee name                                                                                                    | Kong A<br>State; Zip Code                                                                                                                      | 5502.                                                        |                                                                                                      |                                            |
| Amount (\$)<br>\$100.50                                                                  | -                                                                                                               | state; Zip Code<br>3 West D                                                                                                                    |                                                              | HOUTE                                                                                                | 20036                                      |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | (a) Category (See categories listed at th<br>Donation                                                           | e top of this schedule)                                                                                                                        | (b) Description                                              | If travel outside of Texa:                                                                           | s, complete Schedule T)                    |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF                            | Candidate / Officeholder na<br>H                                                                                | me                                                                                                                                             | Office sought                                                | 00/04                                                                                                | Office held                                |
| Date 3-20-12                                                                             | Payee name Chris                                                                                                | Lee                                                                                                                                            |                                                              |                                                                                                      |                                            |
| Amount (\$)<br><b>* 350, VD</b>                                                          | 1242                                                                                                            | State; Zip Code<br>Main St.<br>stand, TX 7                                                                                                     | านหร                                                         |                                                                                                      |                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the                                                                          |                                                                                                                                                |                                                              | traveloutside of Texas,                                                                              | complete Schequie T)                       |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Officeholder nar                                                                                    | ne                                                                                                                                             | Office sought                                                |                                                                                                      | Office held                                |
| Date 3-20-12                                                                             | Payee name<br>Walle                                                                                             | r Co. C                                                                                                                                        | lerk                                                         |                                                                                                      | <u> </u>                                   |
| Amount (\$)<br>\$80.00                                                                   |                                                                                                                 | State; Zip Code<br>UStin 57                                                                                                                    | Hemps                                                        | tend, TX                                                                                             | . 77445                                    |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the<br>OFFICE Expens<br>Candidate / Officeholder nam                         | es.                                                                                                                                            | Description (IF                                              | travel outside of Texas, .<br>+ Voting                                                               | omplete Schedule T)<br>Maps<br>Office held |
| expenditure to benefit C/OH                                                              |                                                                                                                 |                                                                                                                                                |                                                              |                                                                                                      |                                            |
| Date                                                                                     | Payee name                                                                                                      |                                                                                                                                                |                                                              |                                                                                                      |                                            |
| Amount (\$)                                                                              | Payee address; City; S                                                                                          | state; Zip Code                                                                                                                                |                                                              |                                                                                                      |                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the la                                                                       | op of this schedule)                                                                                                                           | Description (If the                                          | avel outside of Texas, c                                                                             | omplete Schedule T)                        |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Officeholder name                                                                                   |                                                                                                                                                | Office sought                                                |                                                                                                      | Office held                                |
|                                                                                          | ATTACH ADDITIONAL                                                                                               | COPIES OF THIS SC                                                                                                                              | HEDULE AS NE                                                 | EDED                                                                                                 |                                            |
| v.ethics.state.tx.us                                                                     | ()                                                                                                              | ·                                                                                                                                              | ·                                                            |                                                                                                      | Revised 09/28/201                          |

| Texas Ethics Commissic                                                                        | on P.O. Box 12070                                                                                               | Austin, Texas 787                                                                                                                            | 11-2070 (5                                                   | 12) 463-5800                                                                                         | (TDD 1-800-735-29          |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|
| POLITICAL                                                                                     | EXPENDITURES                                                                                                    |                                                                                                                                              |                                                              |                                                                                                      | SCHEDULE F                 |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees      | Gift/Awards/Memorials Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense | RE CATEGORIES<br>Salaries/Wages/<br>Solicitation/Fundr<br>Travel In District<br>Travel Out Of Di:<br>Office Overhead/<br>ide explains how to | Contract Labor<br>aising Expense<br>strict<br>Rental Expense | Loan Repayment/F<br>Transportation Equ<br>Contributions/Dona<br>Candidate/Offic<br>OTHER (enter a ca | ipment & Related Expense   |
| 1 Total pages Schedule F:<br>2- A 8                                                           | 2 FILER NAME                                                                                                    | OPHER Y.                                                                                                                                     |                                                              |                                                                                                      | # (Ethics Commission Filer |
| 2-10-12                                                                                       | 5 Payee name Boos                                                                                               | }                                                                                                                                            |                                                              |                                                                                                      |                            |
| * Amount (\$)<br>* 55・13                                                                      |                                                                                                                 | State; Zip Code                                                                                                                              | 8-440-9                                                      | <i>ণ হ</i> ৪                                                                                         |                            |
| B PURPOSE<br>OF<br>EXPENDITURE                                                                | (a) Category (See categories listed at the<br>OFFICE EXPUS                                                      |                                                                                                                                              | 1                                                            | If travel outside of Texas                                                                           | s, complete Schedule T)    |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                                  | Candidate / Officeholder nar<br>H                                                                               | ne                                                                                                                                           | Office sought                                                |                                                                                                      | Office held                |
| Date 2-20-12                                                                                  | Payee name Golde                                                                                                | n Corre                                                                                                                                      | l                                                            |                                                                                                      |                            |
| Amount (\$)                                                                                   | Payee address; City;                                                                                            | State: Zip Code                                                                                                                              | tation, TX                                                   |                                                                                                      |                            |
| PURPOSE<br>OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF | Category (See categories listed at the Fool/BeV.<br>Candidate / Officeholder name                               |                                                                                                                                              |                                                              | travel outside of Texas.                                                                             |                            |
| Date<br>みみみ しみ                                                                                | Payee name Jack                                                                                                 | In The B                                                                                                                                     |                                                              |                                                                                                      |                            |
| Amount (\$)<br>まれ.65                                                                          | Payee address; City; S                                                                                          | state: Zip Code<br>Hempstere                                                                                                                 | l, Tx.                                                       |                                                                                                      | A M                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                  | Category (See categories listed at the t<br>FOOD / Bev, Ex<br>Candidate / Officeholder name                     | pinsi                                                                                                                                        | Description (if<br>Feed<br>Office sought                     | Workers                                                                                              | Complete Schertule T)      |
| Date 3-5-12                                                                                   | Payee name                                                                                                      | . 1                                                                                                                                          |                                                              |                                                                                                      |                            |
| Amount (\$)                                                                                   | Payee address; City; Si                                                                                         | ST<br>ate; Zip Code                                                                                                                          |                                                              | ····                                                                                                 |                            |
| 66.15                                                                                         | 0                                                                                                               | r. 885.                                                                                                                                      | - 440.9                                                      | 958                                                                                                  |                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                                  | Category (See categories listed at the to                                                                       | p of this schedule)                                                                                                                          |                                                              | avel outside of Texas, ci                                                                            | omplete Schedule T)        |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                                 | Candidate / Officeholder name                                                                                   |                                                                                                                                              | Office sought                                                | Frink                                                                                                | Office held                |
| · · · · · · · · · · · · · · · · · · ·                                                         | ATTACH ADDITIONAL C                                                                                             |                                                                                                                                              |                                                              |                                                                                                      |                            |

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| exas Ethics Commissic                                                                    | on P.O. Box 12070 Austin, Texas                                                                                      | 78711-2070 (512) 463-5800 (TDD 1-800-735-2                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| POLITICAL                                                                                | EXPENDITURES                                                                                                         | SCHEDULE F                                                                                                                                                                                                                             |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Legal Services Solicitation/F<br>Food/Beverage Expense Travel In Dis<br>Polling Expense Travel Out C                 | trict Loan Repayment/Reimbursement<br>Transportation Equipment & Related Expense<br>trict Contributions/Donations Made By<br>Candidate/Officeholder/Political Committe<br>ead/Rental Expense OTHER (enter a category not listed above) |
| Total pages Schedule F:                                                                  | 2 FILER NAME CHRISTOPHER                                                                                             | 3 ACCOUNT # (Ethics Commission File)                                                                                                                                                                                                   |
| Date 3-7-12                                                                              | 5 Payee name Dairy Queen                                                                                             |                                                                                                                                                                                                                                        |
| Amount (\$)<br>20.31                                                                     | 7 Payee address; Oty: State; Zip Code<br>Henp stee                                                                   | ۸                                                                                                                                                                                                                                      |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | (a) Category (See categories listed at the top of this schedule)<br>Food / Boy.                                      | (b) Description (if travel outside of Texas, complete Schedule T)<br>Compaign planning                                                                                                                                                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                | Candidate / Officeholder name<br>H                                                                                   | Office sought Office held                                                                                                                                                                                                              |
| Date 3-9-12                                                                              | Payee name Dairy Quee                                                                                                | $\sim$                                                                                                                                                                                                                                 |
| Amount (\$)<br><b>9</b> .7.89                                                            | Payee address; Cit(;) State; Zip Code                                                                                | ΩX                                                                                                                                                                                                                                     |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the top of this schedule)<br>Food / Bev Expresse<br>Candidate / Officeholder name | Description (If traveloutside of Texas, complete Schedule, T)<br>Comparison Planning                                                                                                                                                   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF                            |                                                                                                                      | Office sought O Office held                                                                                                                                                                                                            |
| Date 3-10-12                                                                             | Payee name<br>NU Cafe                                                                                                |                                                                                                                                                                                                                                        |
| Amount (5)<br>137.49                                                                     | Payee address; City; State; Zip Code                                                                                 |                                                                                                                                                                                                                                        |
| PURPOSE<br>OF                                                                            | Category (See categories listed at the top of this schedule)                                                         | Description (If travel outside of Texas, complete Schedule T)                                                                                                                                                                          |
| Complete ONLY if direct<br>xpenditure to benefit C/OH                                    | CVCnt Expense<br>Candidate / Officeholder name                                                                       | Office sought                                                                                                                                                                                                                          |
| Date                                                                                     | Payee name                                                                                                           |                                                                                                                                                                                                                                        |
| mount (\$)                                                                               | Payee address; City; State; Zip Code                                                                                 |                                                                                                                                                                                                                                        |
| PURPOSE<br>OF<br>XPENDITURE                                                              | Category (See categories listed at the top of this schedule)                                                         | Description (If travel outside of Texas, complete Schedule T)                                                                                                                                                                          |
| Complete ONLY if direct                                                                  | Candidate / Officeholder name                                                                                        | Office sought Office held                                                                                                                                                                                                              |

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| 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 Commi         Fees       Printing Expense       Office Overhead/Rental Expense       OTHER (enter a category not listed above         The Instruction Guide explains how to complete this form.       Travel or complete this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Texas Ethics Commission                                   | on P.O. Box 12070 Austin, Texas 7                                                                                                                                                                                                           | 8711-2070 (512) 46                                                                                               | 63-5800 (TDD 1-800-735-298                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Advertising Expense<br>AccountingBasense<br>Press     Git/Averacta/Memorials Expense<br>Providewarge Expense<br>Providewa                         | POLITICAL                                                 | EXPENDITURES                                                                                                                                                                                                                                |                                                                                                                  | SCHEDULE F                                                                                                     |
| Advertising Expense<br>Accounting Bayerse<br>Processing Expense<br>Processing Expense |                                                           |                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                                                |
| 1 Total pages Schedule F:       2 FILER NAME       CHRISTOPHER Y. LEE       3 ACCOUNT # (Ethics Commission F         4 & & S       6       Payee name       USPS         4 Amount (3)       7 Payee address:       City: State: Zip Code       9         4 Amount (3)       7 Payee address:       City: State: Zip Code       9         4 Amount (3)       7 Payee address:       City: State: Zip Code       9         5 PURPOSE       (4) Catagory (See categories fisted at the top of this specifie)       (9) Description (if revet exists of Taxas, complete Schedule 7)         9 Complete DQLY if areat exists of City:       Candidate / Officeholder name       Office sought       Office held         0 complete DQLY if areat exists of City:       Candidate / Officeholder name       Office sought       Office held         0 complete DQLY if areat exists of faces:       City: State: Zip Code       Description (if revet exists of faces, complete Schedule T)         0 complete QLY if areat exists of the optities schedule       Candidate / Officeholder name       Office sought       Office held         0 complete QLY if areat exists of the optities schedule       Candidate / Officeholder name       Office sought       Office held         0 complete QLY if areat exists of taxes, complete Schedule T)       ISX24" Signs       Office held         0 complete QLY if areat exists to benefit COH       Cand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Accounting/Banking<br>Consulting Expense<br>Event Expense | Gift/Awards/Memorials Expense       Salaries/Wage         Legal Services       Solicitation/Fu         Food/Beverage Expense       Travel In Dist         Polling Expense       Travel Out Of         Printing Expense       Office Overhee | es/Contract Labor Loan I<br>Indraising Expense Transp<br>rict Contril<br>District Car<br>ad/Rental Expense OTHEI | portation Equipment & Related Expense<br>butions/Donations Made By<br>ndidate/Officeholder/Political Committee |
| 4-10-12     USPS       Amount (\$)     7 Payoe address;     City:     State:     Zip Code       *Amount (\$)     7 Payoe address;     City:     State:     Zip Code       *Amount (\$)     Purpose     (a) Category (See categories field at the top of this schedule?)     (b) Description ((frawdoutsite of Texas, complete Schedule ?)       Complete ShLY if direct schedule?     Candidate / Officeholder name     Office sought     Office hold       Date     Payee name     Complete ShLY if direct schedule?)     Payee name     Complete ShLY if direct schedule?)     Office sought     Office hold       Date     3+9-12     Payee name     Complete ShLY if direct schedule?)     Description ((frawdoutside of Texas, complete Schedule ?)       Purpose     Category (See categories tated at the top of this schedule?)     Description (ffrawdoutside of Texas, complete Schedule ?)       Expenditure to benefit COH     Candidate / Officeholder name     Office sought     Office hold       Complete ShLY if direct ShLY if direct Shedule?     Candidate / Officeholder name     Office sought     Office hold       Complete ShLY if direct Shedule?     Category (See categories listed at the top of this schedule)     Description (ffrawdoutside of Texas, complete Schedule ?)       Expenditure to benefit COH     Category (See categories listed at the top of this schedule)     Description (ffrawdoutside of Texas, complete Schedule ?)       Expenditur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           | 2 FILER NAME CHRISTOPHER Y                                                                                                                                                                                                                  | . LEE                                                                                                            | ACCOUNT # (Ethics Commission Filers)                                                                           |
| ************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4-10-12                                                   | 5 Payee name<br>USPS                                                                                                                                                                                                                        |                                                                                                                  | ······································                                                                         |
| PURPOSE<br>EXPENDITURE       (a) Category (See categories listed at the top of this speciate)<br>Office QULY if direct<br>expenditure to benefit CIOH       (b) Description (if travel outside of Trass, complete Schedule T)<br>Postage Stamps         Complete QULY if direct<br>expenditure to benefit CIOH       Candidate / Officeholder name       Office sought       Office heid         Date<br>3:49-12       Payee name       Computer Solutions       Office sought       Office heid         Date<br>3:49-12       Payee address;<br>City; State; Zip Code       Description (if travel outside of Toxes, complete Schedule T)       Description (if travel outside of Toxes, complete Schedule T)         Date<br>3:49,72       Payee address;<br>City; State; Zip Code       Description (if travel outside of Toxes, complete Schedule T)       Description (if travel outside of Toxes, complete Schedule T)         PURPOSE<br>EXPENDITURE       Candidate / Officeholder name       Office sought       Description (if travel outside of Toxes, complete Schedule T)         Date       Payee address;       City; State; Zip Code       Description (if travel outside of Texes, complete Schedule T)         Date       Payee name       Candidate / Officeholder name       Office sought       Office heid         Date       Payee address;       City; State; Zip Code       Description (if travel outside of Texes, complete Schedule T)         Date       Payee name       Candidate / Officeholder name       Office sought       Office heid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 Amount (\$)                                             | 7 Payee address; City; State; Zip Code                                                                                                                                                                                                      |                                                                                                                  |                                                                                                                |
| expenditure       Office Overhead       Postage Stamps         Complete QNUY if dired<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (Bee categories listed at the log of this schedule)       Description (if travel outside of Texas, complete Schedule 1)       Payee name         Purpose       Candidate / Officeholder name       Office sought       Office held         Purpose       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule 1)       Expenditure to benefit C/OH         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Complete DMLY if direct cope       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule 1)         Purpose       Category (See categories listed at the top of this schedule) <t< td=""><td><sup>1</sup>27.00</td><td>Henpsterd, TX.</td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <sup>1</sup> 27.00                                        | Henpsterd, TX.                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                |
| Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Computer Solutions       Candidate / Officeholder name       Office sought       Office held         Purpose       Payee name       Computer Solutions       Description (if travel outside of Texas, complete Schedule T)         Purpose       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Purpose       Candidate / Officeholder name       Office sought       Office held         Purpose       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Payee name       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete Ohly if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (See categories listed at the top of this sched                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OF                                                        |                                                                                                                                                                                                                                             |                                                                                                                  | <b>A</b> 1                                                                                                     |
| 349-12       Comptter Solutions         Amount (\$)       Payee address:       City; State: Zip Code         #48,72       Payee address:       City; State: Zip Code         #48,72       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         Date       Payee address;       City; State; Zip Code         PURPOSE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         Date       Payee name       Office sought       Office held         Amount (\$)       Payee name       Office sought       Office held         Amount (\$)       Payee address;       City; State; Zip Code       Description (If travel outside of Texas, complete Schedule T)         PURPOSE<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | Candidate / Officeholder name                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                |
| Amount (\$)       Payee address;       City: State: Zip Code         #4{8,72.       Purpose       Category (see categories listed at the top of this schedule)       Description of travel outside of Texas, complete Schedule T)         PURPose       Category (see categories listed at the top of this schedule)       Description of travel outside of Texas, complete Schedule T)         Office 2NLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (see categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Date       Payee address;       City: State: Zip Code       Description (if travel outside of Texas, complete Schedule T)         Purpose       Category (see categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Off-<br>expenditure to benefit C/OH       Category (see categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Off-<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Purpose       Category (see categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Off-<br>expenditure to benefit C/OH       Payee address;       City; State; Zip Code       Description (if travel outside of T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date 349-12                                               | Payee name Computer Sol                                                                                                                                                                                                                     | utions                                                                                                           |                                                                                                                |
| Lumpseud, Tx. 77445         PURPOSE<br>of<br>EXPENDITURE       Category (See categories listed at the top of this schedule)<br>Printing Expense       Description (if travel outside of Texas, complete Schedule T)<br>18x24" Signs         Complete QNLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee address;       City; State; Zip Code       Description (if travel outside of Texas, complete Schedule T)<br>18x24" Signs         Office bold       Payee address;       City; State; Zip Code       Description (if travel outside of Texas, complete Schedule T)         Office Sought       Office held       Candidate / Officeholder name       Office sought       Office held         Purpose<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee address;       City; State; Zip Code       Description (if travel outside of Texas, complete Schedule T)         Office bold       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Office sought       Office held       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                         | Payee address; City: State: Zip Code                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                |
| PURPOSE<br>of<br>EXPENDITURE       Category (See categories listed at the top of this schedule)<br>Principle Category (See categories listed at the top of this schedule)<br>Principle Category (See categories listed at the top of this schedule)<br>Payee name       Description (If travel outside of Texas, complete Schedule T)<br>ISX24" Signs         Date       Payee name         Amount (\$)       Payee address;       City; State; Zip Code         PURPOSE<br>of<br>expenditure to benefit C/OH       Category (See categories listed at the top of this schedule)<br>Office sought       Description (If travel outside of Texas, complete Schedule T)<br>ISX24" Signs         Date       Payee address;       City; State; Zip Code         Office Sought       Office held         Office top of the complete QNLY if direct<br>expenditure to benefit C/OH       Category (See categories listed at the top of this schedule)<br>Office sought       Description (If travel outside of Texas, complete Schedule T)<br>Office held         Date       Payee name       Office held       Office sought       Office held         Amount (\$)       Payee address;       City; State; Zip Code       Description (If travel outside of Texas, complete Schedule T)<br>Office held         PURPOSE<br>expenditure to benefit C/OH       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         Office poly       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$48.72                                                   | 225 Business<br>Hempsterd TX.                                                                                                                                                                                                               | Hwy 290 E                                                                                                        |                                                                                                                |
| EXPENDITURE       Trinting Expense.       18 X24" Signs         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Amount (\$)       Payee address;       City; State; Zip Code       Description (if travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Date       Payee name       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete QNLY if direct       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Date       Payee name       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         PURPOSE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Office Sought       Category (See categories listed at the top of this schedule)       Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                                                                                                                                             |                                                                                                                  | utside of Texas, complete Schedule T)                                                                          |
| expenditure to benefit C/OH       Office held         Date       Payee name         Amount (\$)       Payee address;       City; State; Zip Code         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete QNLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Office sought       Office held       Office held         Date       Payee name       Office sought       Office held         Amount (\$)       Payee address;       City; State; Zip Code       Office sought       Office held         PURPOSE<br>oF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete ONLY if direct<br>expenditure to benefit C/OH       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete ONLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | Printing Expense                                                                                                                                                                                                                            | 18x24" Sign                                                                                                      | ია                                                                                                             |
| Amount (\$)       Payee address;       City; State; Zip Code         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete ONLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Payee address;       City; State; Zip Code       City; State; Zip Code         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Date       Payee name       City; State; Zip Code       Category (See categories listed at the top of this schedule)         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete ONLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                       | Office sought                                                                                                    | Office held                                                                                                    |
| PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         Complete QNLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Payee address;       City; State; Zip Code         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         Complete QNLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                                                      | Payee name                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                |
| OF<br>EXPENDITURE       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Payee address;       City; State; Zip Code       Category (See categor/ies listed at the top of this schedule)       Description (If travel outside of Texas, complete Schedule T)         OF<br>EXPENDITURE       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount (\$)                                               | Payee address; City; State; Zip Code                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                |
| Expenditure to benefit C/OH     Critice field       Date     Payee name       Amount (\$)     Payee address;       City; State; Zip Code       PURPOSE     Category (See categories listed at the lop of this schedule)       Description (If travel outside of Texas, complete Schedule T)       EXPENDITURE     Candidate / Officeholder name       Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OF                                                        | Category (See categories listed at the top of this schedule)                                                                                                                                                                                | Description (If travel out                                                                                       | tside of Texas, complete Schedule T)                                                                           |
| Amount (\$)       Payee address;       City;       State;       Zip Code         PURPOSE<br>OF<br>EXPENDITURE       Category (See categories listed at the top of this schedule)       Description (if travel outside of Texas, complete Schedule T)         Complete ONLY if direct<br>expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                                                                                                                                             | Office sought                                                                                                    | Office held                                                                                                    |
| PURPOSE       Category (See categories listed at the lop of this schedule)       Description (If travel outside of Texas, complete Schedule T)         OF       EXPENDITURE       Candidate / Officeholder name       Office sought       Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                      | Рауее пате                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                |
| OF<br>EXPENDITURE         Candidate / Officeholder name         Office sought         Office held           Complete ONLY if direct         Candidate / Officeholder name         Office sought         Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Amount (\$)                                               | Payee address; City; State; Zip Code                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                |
| expenditure to benefit C/OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OF                                                        | Category (See categories listed at the top of this schedule)                                                                                                                                                                                | Description (If travelouts                                                                                       | ide of Texas, complete Schedule T)                                                                             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                                                                                                                                                                             | Office sought                                                                                                    | Office held                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           | ATTACH ADDITIONAL COPIES OF THIS                                                                                                                                                                                                            | SCHEDULE AS NEEDED                                                                                               |                                                                                                                |

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Revised 09/28/2011

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| Texas Ethics Commissio                                                                   | on P.O. Box 12070                                                                                               | Austin, Texas 787                                                                                                    | 11-2070 (5                                                     | 12) 463-5800                                                                                         | (TDD 1-800-735-2989)         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------|
| POLITICAL                                                                                | EXPENDITURES                                                                                                    |                                                                                                                      |                                                                |                                                                                                      | SCHEDULE F                   |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorlals Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printlng Expense | RE CATEGORIES<br>Salaries/Wages/C<br>Solicitation/Fund<br>Travel in District<br>Travel Out Of Di<br>Office Overhead/ | Contract Labor<br>raising Expense<br>strict<br>(Rental Expense | Loan Repayment/F<br>Transportation Equ<br>Contributions/Dona<br>Candidate/Offic<br>OTHER (enter a ca | ipment & Related Expense     |
| 1 Total pages Schedule F:<br>5 2 8                                                       |                                                                                                                 | OPHER Y.                                                                                                             | LEE                                                            | 3 ACCOUNT                                                                                            | # (Ethics Commission Filers) |
| 4 Date<br>4-6-12<br>6 Amount (\$)                                                        | 7 Payee address; City:                                                                                          | Cens<br>State; Zip Code                                                                                              |                                                                |                                                                                                      |                              |
| \$17.09                                                                                  | H 4839 K                                                                                                        | aty,TX                                                                                                               |                                                                |                                                                                                      |                              |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                           | (a) Category (See categories listed at the<br>Event Exper                                                       |                                                                                                                      | (b) Description (                                              | If travel outside of Texa:                                                                           | s, complete Schedule T)      |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                           | Candidate / Officeholder nar<br>H                                                                               | ne                                                                                                                   | Office sought                                                  |                                                                                                      | Office held                  |
| Date<br>4-7-12                                                                           | Payee name<br>Lucki                                                                                             | 1 Village                                                                                                            | Boffet                                                         | , <u>, , , , , , , , , , , , , , , , , , </u>                                                        |                              |
| Amount (\$)<br>まれらくう                                                                     |                                                                                                                 | State: Zip Code                                                                                                      |                                                                |                                                                                                      |                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the<br>EVENT Expense<br>Candidate / Officeholder name                        |                                                                                                                      | Description (II<br>Plann<br>Office sought                      | travel outside of Texas.                                                                             | Complete Schedule T)         |
| expenditure to benefit C/OF                                                              | l<br>Payee name                                                                                                 |                                                                                                                      |                                                                |                                                                                                      |                              |
| 4-7-12<br>Amount (\$)                                                                    | Tarse                                                                                                           | tate; Zip Code                                                                                                       | , e,                                                           |                                                                                                      |                              |
| \$24.79                                                                                  | ¥9076 Ho                                                                                                        | U, TX,                                                                                                               |                                                                |                                                                                                      |                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the t<br>Event Expense                                                       | op of this schedule)                                                                                                 |                                                                | travel outside of Texas, $400$ CC                                                                    |                              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Officeholder name                                                                                   | e                                                                                                                    | Office sought                                                  | 700 00                                                                                               | Office held                  |
| Date 4-9-12                                                                              | Payee name Victory                                                                                              |                                                                                                                      |                                                                |                                                                                                      |                              |
| Amount (\$)<br>*/, 819.25                                                                | Payee address; City; S                                                                                          |                                                                                                                      | 84-4444                                                        |                                                                                                      |                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the to<br>Printing Expense                                                   | e                                                                                                                    | Description (If the<br>428 Sig                                 | avel outside of Texas, co                                                                            | omplete Schedule T)          |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Öfficeholder name                                                                                   |                                                                                                                      | Office sought                                                  |                                                                                                      | Office held                  |
|                                                                                          | ATTACH ADDITIONAL C                                                                                             | OPIES OF THIS SC                                                                                                     | HEDULE AS NE                                                   | EDED                                                                                                 |                              |

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| Texas Ethics Commission                                                                  | on P.O. Box 12070 Austin, Texas 7                                                                       | 8711-2070 (                                                                    | 512) 463-5800                                                                                    | (TDD 1-800-735-2989          |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------|
| POLITICAL                                                                                | EXPENDITURES                                                                                            |                                                                                |                                                                                                  | SCHEDULE <b>F</b>            |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Legal Services Solicitation/Fu<br>Food/Beverage Expense Travel In Dist<br>Polling Expense Travel Out Of | s/Contract Labor<br>ndraising Expense<br>lict<br>District<br>ad/Rental Expense | Loan Repayment/<br>Transportation Eq<br>Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c | uipment & Related Expense    |
| 1 Total pages Schedule F:                                                                | 2 FILER NAME CHRISTOPHER Y                                                                              |                                                                                |                                                                                                  | # (Ethics Commission Filers) |
| 4 Date<br>4-5-12<br>6 Amount (\$)                                                        | 7 Payee address; City; State; Zip Code                                                                  |                                                                                |                                                                                                  |                              |
| # 66.15                                                                                  | ०९<br>ह                                                                                                 | 38-440-99                                                                      |                                                                                                  |                              |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                           | (a) Category (See categories listed at the top of this schedule)<br>Office Overhead                     |                                                                                | (If travel outside of Texa                                                                       | s, complete Schedule T)      |
| 9 Complete <u>QNLY</u> if direct<br>expenditure to benefit C/C                           | Candidate / Officeholder name                                                                           | Office sough                                                                   | t                                                                                                | Office held                  |
| Date 4-6-12                                                                              | Payee name Welsreens                                                                                    |                                                                                | ,                                                                                                |                              |
| Amount (\$)                                                                              | Payee address; City, State; Zip Code<br># 3441 Hou, TX.                                                 | ,                                                                              |                                                                                                  |                              |
| PURPOSE                                                                                  | Category (See categories listed at the top of this schedule)                                            | Description (                                                                  | If travel outside of Texas                                                                       | , complete Schedule T)       |
| EXPENDITURE                                                                              | Event Expense                                                                                           | Sode                                                                           | Water                                                                                            | J                            |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate / Officeholder name                                                                           | Office sought                                                                  | •                                                                                                | Office held                  |
| Date 4-6-12<br>Amount (\$)                                                               | Payee name Walfreens                                                                                    |                                                                                |                                                                                                  |                              |
| 122.63                                                                                   | Payee address: City: State; Zip Code<br>173441 HOUTX                                                    |                                                                                |                                                                                                  |                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the top of this schedule)<br>EVCND EX punce                          |                                                                                | f Iravel outside of Texas,                                                                       | complete Schedule T)         |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OH                               | Candidate / Officeholder name                                                                           | Office sought                                                                  |                                                                                                  | Office held                  |
| Date 4-6-12                                                                              | Payee name Walgreens                                                                                    |                                                                                |                                                                                                  |                              |
| Amount (\$)                                                                              | Payee address; City: State: Zip Code<br># 4839 Kety, TX                                                 |                                                                                |                                                                                                  |                              |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the top of this schedule)<br>Event Expense                           | Description (IF                                                                | travel outside of Texas, o                                                                       | complete Schedule T)         |
| 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 NE                                                                 | EDED                                                                                             |                              |
|                                                                                          |                                                                                                         |                                                                                |                                                                                                  |                              |

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| 7 8 8<br>Date<br>3-27-12<br>Amount (\$)<br>7<br>8<br>45.43                                                                                                                                                                                             | Gift/Awards/Memorlals Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense<br>The Instruction Guid<br>FILER NAME<br>CHRISTO<br>Payee name<br>OFFice                                     | PHER Y. L                                                                                                                                                                       | ntract Labor<br>sing Expense<br>ict<br>ental Expense<br>complete this form | Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c<br>m.                      | uipment & Related Expense                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees<br>Total pages Schedule F: 2<br>7 8 8<br>Date<br>3-27-12<br>Amount (\$)<br>7<br>445.43                                                                                               | Gift/Awards/Memorlals Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense<br>The Instruction Guid<br>FILER NAME<br>CHRISTO<br>Payee name<br>OFFice<br>Payee address; City: St<br>P4462 | Salaries/Wages/Con<br>Solicitation/Fundrais<br>Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>le explains how to c<br>PHER Y. L<br>Depot<br>tate; Zip Code | ntract Labor<br>sing Expense<br>ict<br>ental Expense<br>complete this form | Transportation Eq<br>Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c<br>m. | uipment & Related Expense<br>ations Made By<br>ceholder/Political Committe<br>ategory not listed above) |
| Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees<br>Total pages Schedule F: 2<br>7 8 8<br>Date<br>3-27-12<br>Amount (\$)<br>7<br>445.43                                                                                               | Gift/Awards/Memorlals Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense<br>The Instruction Guid<br>FILER NAME<br>CHRISTO<br>Payee name<br>OFFice<br>Payee address; City: St<br>P4462 | Salaries/Wages/Con<br>Solicitation/Fundrais<br>Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>le explains how to c<br>PHER Y. L<br>Depot<br>tate; Zip Code | ntract Labor<br>sing Expense<br>ict<br>ental Expense<br>complete this form | Transportation Eq<br>Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c<br>m. | uipment & Related Expense<br>ations Made By<br>ceholder/Political Committe<br>ategory not listed above) |
| Consulting Expense<br>Event Expense<br>Fees<br>Total pages Schedule F: 2<br>7 $\mathcal{R}$ $\mathcal{R}$<br>Date<br>3-27-12<br>Amount (\$)<br>$\mathcal{R}$ $\mathcal{L}$ $\mathcal{L}$<br>$\mathcal{R}$<br>$\mathcal{L}$ $\mathcal{L}$ $\mathcal{R}$ | Food/Beverage Expense<br>Polling Expense<br>Printing Expense<br>The Instruction Guid<br>FILER NAME<br>CHRISTO<br>Payee name<br>Office<br>Payee address; City; St<br>H462                                                     | Solicitation/Fundrais<br>Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>le explains how to c<br>PHER Y. L<br>Depot<br>tate; Zip Code                       | sing Expense<br>ict<br>ental Expense<br>complete this for                  | Transportation Eq<br>Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c<br>m. | uipment & Related Expense<br>ations Made By<br>ceholder/Political Committe<br>ategory not listed above) |
| Event Expense<br>Fees<br>Fotal pages Schedule F: 2<br>7 $\mathcal{R}$ $\mathcal{R}$<br>Date<br>3-27-12<br>Amount (\$)<br>7<br>$\mathcal{R}$ $\mathcal{Y}5$ $\mathcal{Y}3$                                                                              | Polling Expense<br>Printing Expense<br>The Instruction Guid<br>2 FILER NAME<br>CHRISTO<br>5 Payee name<br>Office<br>Payee address; City; St<br>H462                                                                          | Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>le explains how to c<br>PHER Y. L<br>Depot<br>tate; Zip Code                                                | ict<br>ental Expense<br>complete this for                                  | Contributions/Don<br>Candidate/Offic<br>OTHER (enter a c<br>m.                      | ations Made By<br>ceholder/Political Committe<br>ategory not listed above)                              |
| Fees<br>Total pages Schedule F: 2<br>7 8 8<br>Date<br>3-27-12<br>Amount (\$)<br>4<br>45.43                                                                                                                                                             | Printing Expense<br>The Instruction Guid<br>2 FILER NAME<br>CHRISTO<br>5 Payee name<br>Office<br>Payee address; City; St<br>H462                                                                                             | Office Overhead/Re<br>le explains how to c<br>PHER Y. L<br>Depot<br>tate; Zip Code                                                                                              | ict<br>ental Expense<br>complete this for                                  | Candidate/Offic<br>OTHER (enter a c<br>m.                                           | ceholder/Political Committe<br>ategory not listed above)                                                |
| Total pages Schedule F: 2<br>7 ぷ ぷ<br>Date<br>3-27-12<br>Amount (\$)<br>そりび、そろ                                                                                                                                                                         | The Instruction Guid<br>2 FILER NAME<br>CHRISTO<br>5 Payee name<br>Office<br>Payee address; City: St<br>H462                                                                                                                 | PHER Y. L<br>Depot<br>tate: Zip Code                                                                                                                                            | omplete this for                                                           | m                                                                                   |                                                                                                         |
| 7 8 8<br>Date<br>3-27-12<br>Amount (5)<br>7<br>4<br>45.43                                                                                                                                                                                              | 2 FILER NAME<br>CHRISTO<br>Payee name<br>Office<br>Payee address; City; St<br>#462                                                                                                                                           | PHER Y. L<br>Depot<br>tate: Zip Code                                                                                                                                            |                                                                            |                                                                                     | f # (Ethics Commission File                                                                             |
| 7 8 8<br>Date<br>3-27-12<br>Amount (\$)<br>7<br>4<br>45.43                                                                                                                                                                                             | CHRISTO<br>Payee name<br>Office<br>Payee address;<br>City; St<br>H462                                                                                                                                                        | Depot<br>tate; Zip Code                                                                                                                                                         | EE                                                                         | 3 ACCOUNT                                                                           | f # (Ethics Commission File                                                                             |
| Date<br>3-27-12<br>Amount (\$)<br>7<br>4<br>45.43                                                                                                                                                                                                      | Payee name<br>Payee address; City: St<br>#462                                                                                                                                                                                | Depot<br>tate; Zip Code                                                                                                                                                         | EE                                                                         |                                                                                     |                                                                                                         |
| Date<br>3-27-12<br>Amount (\$)<br>7<br>4<br>45.43                                                                                                                                                                                                      | Payee name<br>Payee address; City: St<br>#462                                                                                                                                                                                | Depot<br>tate; Zip Code                                                                                                                                                         |                                                                            |                                                                                     |                                                                                                         |
| Amount (\$) 7<br>\$445.43                                                                                                                                                                                                                              | Payee address; City; Si<br>P462                                                                                                                                                                                              | tate; Žip Code                                                                                                                                                                  |                                                                            |                                                                                     |                                                                                                         |
| Amount (\$) 7<br>\$445.43                                                                                                                                                                                                                              | Payee address; City; Si<br>P462                                                                                                                                                                                              | tate; Žip Code                                                                                                                                                                  |                                                                            |                                                                                     |                                                                                                         |
| \$45.43                                                                                                                                                                                                                                                | ₩462                                                                                                                                                                                                                         | Kenty, TX                                                                                                                                                                       |                                                                            |                                                                                     |                                                                                                         |
| *45.43                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                              | Kerty, TX                                                                                                                                                                       |                                                                            |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | - di in                                                                                                                                                                         |                                                                            |                                                                                     |                                                                                                         |
| BUBBOSE (a                                                                                                                                                                                                                                             | ) Category (See categories listed at the to                                                                                                                                                                                  | -                                                                                                                                                                               |                                                                            |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | p of this schedule)                                                                                                                                                             | (b) Description (                                                          | f travel outside of Texa                                                            | is, complete Schedule T)                                                                                |
| OF                                                                                                                                                                                                                                                     | -                                                                                                                                                                                                                            |                                                                                                                                                                                 | أ الم                                                                      | . / .                                                                               |                                                                                                         |
|                                                                                                                                                                                                                                                        | Event Expense                                                                                                                                                                                                                |                                                                                                                                                                                 | Jational                                                                   | みノグはの                                                                               | cords                                                                                                   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                                                                                                                                                                                          | Candidate / Officeholder name                                                                                                                                                                                                | 1                                                                                                                                                                               | Office sought                                                              | 0 0                                                                                 | Office held                                                                                             |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
| 3-31-12                                                                                                                                                                                                                                                | Payee name Office                                                                                                                                                                                                            | Doast                                                                                                                                                                           |                                                                            |                                                                                     |                                                                                                         |
| mount (\$)                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              | ate; Zip Code                                                                                                                                                                   |                                                                            |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
| \$24.01                                                                                                                                                                                                                                                | # 462 K                                                                                                                                                                                                                      | erty, TR                                                                                                                                                                        |                                                                            |                                                                                     |                                                                                                         |
| PURPOSE                                                                                                                                                                                                                                                | Category (See categories listed at the top                                                                                                                                                                                   | of this schedule)                                                                                                                                                               | Description (If                                                            | travel outside of Texas                                                             | , complete Schedule T)                                                                                  |
|                                                                                                                                                                                                                                                        | Event Expinse                                                                                                                                                                                                                |                                                                                                                                                                                 | Statione                                                                   | ru/Biz                                                                              | Cards                                                                                                   |
| omplete ONLY if direct                                                                                                                                                                                                                                 | Candidate / Officeholder name                                                                                                                                                                                                |                                                                                                                                                                                 | Office sought                                                              | 0.0                                                                                 | Office held                                                                                             |
| penditure to benefit C/OH                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                                 | 5                                                                          |                                                                                     |                                                                                                         |
| ate _                                                                                                                                                                                                                                                  | Payee name                                                                                                                                                                                                                   |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
| 3-31-12                                                                                                                                                                                                                                                | BR Alah                                                                                                                                                                                                                      | eimer's A                                                                                                                                                                       | 5571                                                                       |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              | te; Zip Code                                                                                                                                                                    | 0000                                                                       |                                                                                     |                                                                                                         |
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| 00.00                                                                                                                                                                                                                                                  | C                                                                                                                                                                                                                            | · • • • • •                                                                                                                                                                     | اندده                                                                      | l                                                                                   |                                                                                                         |
|                                                                                                                                                                                                                                                        | u                                                                                                                                                                                                                            | ~ 866-5                                                                                                                                                                         | 792-3374                                                                   |                                                                                     |                                                                                                         |
| PURPOSE                                                                                                                                                                                                                                                | Category (See categories listed at the top of                                                                                                                                                                                | of this schedule)                                                                                                                                                               | Description (If It                                                         | ravel outside of Texas.                                                             | complete Schedule T)                                                                                    |
| OF                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                                                                                                                                                                                 |                                                                            | -                                                                                   |                                                                                                         |
|                                                                                                                                                                                                                                                        | Donation                                                                                                                                                                                                                     |                                                                                                                                                                                 | Donati                                                                     | m                                                                                   |                                                                                                         |
| mplete <u>ONLY</u> if direct<br>penditure to benefit C/OH                                                                                                                                                                                              | Candidate / Officeholder name                                                                                                                                                                                                |                                                                                                                                                                                 | Office sought                                                              |                                                                                     | Office held                                                                                             |
| ate f                                                                                                                                                                                                                                                  | Payee name                                                                                                                                                                                                                   |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
| 4-3-12                                                                                                                                                                                                                                                 | Denny's                                                                                                                                                                                                                      |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
| nount (\$) F                                                                                                                                                                                                                                           | Payee address; City; State                                                                                                                                                                                                   | e; Zip Code                                                                                                                                                                     | <u> </u>                                                                   |                                                                                     |                                                                                                         |
| n. /                                                                                                                                                                                                                                                   | 1) -                                                                                                                                                                                                                         | 1 1/                                                                                                                                                                            | 5,                                                                         |                                                                                     |                                                                                                         |
| 25.34                                                                                                                                                                                                                                                  | Her CIOLA                                                                                                                                                                                                                    | mpstead, I                                                                                                                                                                      | X                                                                          |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        | Category (See categories listed at the top of                                                                                                                                                                                | (this schedule)                                                                                                                                                                 | Description (If tra                                                        | evel outside of Texas, c                                                            | omplete Schedule T)                                                                                     |
|                                                                                                                                                                                                                                                        | E. 1/D.                                                                                                                                                                                                                      |                                                                                                                                                                                 |                                                                            |                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                        | Food/Bev.                                                                                                                                                                                                                    | (                                                                                                                                                                               | Camp. pk                                                                   | ming/                                                                               |                                                                                                         |
| mplete <u>ONLY</u> if direct<br>penditure to benefit C/OH                                                                                                                                                                                              | Candidate / Officeholder name                                                                                                                                                                                                |                                                                                                                                                                                 | Office sought                                                              | 8                                                                                   | Office held                                                                                             |

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| Tourse Ethios Commission                                                                 | <b>BO BU 10070</b>                                                                                                               |                                                                                                                                                                     |                                                  |                                                               |                                     |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|-------------------------------------|
| Texas Ethics Commissic                                                                   | P.O. Box 12070                                                                                                                   | Austin, Texas 78711                                                                                                                                                 | 2070 (51                                         | 2) 463-5800                                                   | (TDD 1-800-735-2989                 |
| POLITICAL                                                                                | EXPENDITURE                                                                                                                      | Ş. ·                                                                                                                                                                |                                                  |                                                               | SCHEDULE F                          |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expen<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense<br>The Instruction | FURE CATEGORIES F<br>se Salaries/Wages/Cor<br>Solicitation/Fundrais<br>Travel In District<br>Travel Out Of Distri<br>Office Overhead/Re<br>Guide explains how to co | tract Labor<br>Ing Expense<br>ct<br>ntaf Expense | Contributions/Donat<br>Candidate/Office<br>OTHER (enter a cal | pment & Related Expense             |
| 1 Total pages Schedule F;                                                                | 2 FILER NAME CHRIST                                                                                                              | TOPHER Y. L                                                                                                                                                         | EE                                               | 3 ACCOUNT                                                     | # (Ethics Commission Filers)        |
| 4 Date<br>4-20-2012                                                                      | 5 Payee name<br>Mei l                                                                                                            | Lee                                                                                                                                                                 |                                                  |                                                               |                                     |
| 6 Amount (\$)<br>\$1,400,1D                                                              | P.O. Box                                                                                                                         | r: State; Zip Code<br>766<br>dy TN. 77445                                                                                                                           |                                                  |                                                               |                                     |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                           | (a) Category (See categories listed at<br>Event Expense                                                                          |                                                                                                                                                                     | b) Description (II<br>Loan t-<br>Reput           | travel outside of Texas,                                      | complete Schedule T)                |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                           | Candidate / Officeholder r                                                                                                       | lame                                                                                                                                                                | Office sought                                    | <u>u opense</u>                                               | Office held                         |
| Date<br>3-16-12                                                                          | Payee name Office                                                                                                                | Depot                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·            |                                                               |                                     |
| Amount (\$)<br>#40.57                                                                    | Payee address; City<br>#462 K                                                                                                    | state; Zip Code                                                                                                                                                     |                                                  | ¥*••••                                                        | ·                                   |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at 1<br>Event Expens                                                                             |                                                                                                                                                                     | st le                                            | iravel outside of Texas,                                      | complete Schedule T)<br>eness Cards |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF                            | Candidate / Officeholder na                                                                                                      |                                                                                                                                                                     | Office sought                                    | .07                                                           | Office held                         |
| Date<br>3-21-12                                                                          | Payee name<br>Hempste                                                                                                            | ad Sectord                                                                                                                                                          | Rest.                                            |                                                               |                                     |
| Amount (\$)<br>#45.55                                                                    | Payee address; City;                                                                                                             | state: Zip Code<br>npsteud, TX.                                                                                                                                     |                                                  |                                                               |                                     |
| PURPOSE                                                                                  | Category (See categories listed at th                                                                                            | ne lop of this schedule)                                                                                                                                            | Description (If In                               | avel outside of Texas, c                                      | omplete Schedule T)                 |
| EXPENDITURE                                                                              |                                                                                                                                  | ense                                                                                                                                                                |                                                  | anning                                                        |                                     |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Officeholder na                                                                                                      | me                                                                                                                                                                  | Office sought                                    |                                                               | Office held                         |
| Date 3-27-12                                                                             | Payee name<br>FedE X                                                                                                             |                                                                                                                                                                     |                                                  |                                                               |                                     |
| Amount (\$)                                                                              | Payee address; City;                                                                                                             | State; Zip Code<br>Katy, TX.                                                                                                                                        |                                                  |                                                               |                                     |
| PURPOSE<br>OF<br>EXPENDITURE                                                             | Category (See categories listed at the<br>Event Expense                                                                          |                                                                                                                                                                     | Description (II II<br>Copy/E                     | iveloutside of Texes, co                                      | mplete Schedule T)                  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                            | Candidate / Officeholder nar                                                                                                     | ne                                                                                                                                                                  | Office sought                                    | 0                                                             | Office held                         |
| ······                                                                                   | ATTACH ADDITIONAL                                                                                                                | COPIES OF THIS SCH                                                                                                                                                  | EDULE AS NEE                                     | DED                                                           |                                     |

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