

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 20 |
| 3 CANDIDATE / OFFICEHOLDER NAME | <input checked="" type="radio"/> MS/MRS/MR FIRST MI Christopher NICKNAME LAST SUFFIX Lee | OFFICE USE ONLY Date Received 2012 APR 24 PM 4:12 Date Hand-delivered or Postmarked Receipt # Amount 12 Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE P.O. Box 766 Hempstead, TX. 77445 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 800 4533 | | |
| 6 CAMPAIGN TREASURER NAME | <input checked="" type="radio"/> MS/MRS/MR FIRST MI Myrtle NICKNAME LAST SUFFIX Carson | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE 1735 10th St. Hempstead, TX 77445 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 530-5306 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01/14/2012 04/19/2012 CL | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05/29/2012 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| GO TO PAGE 2 | | | |

RECEIVED
MALLER COUNTY CLERK
ELECTIONS DIVISION

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Christopher Lee

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 100.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 7,150.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0**

4. TOTAL POLITICAL EXPENDITURES **\$ 4,685.27**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 3,917.61**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 1,850.00**

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Christopher Lee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Lee, this the 24 day of April, 20 12, to certify which, witness my hand and seal of office.

[Signature]

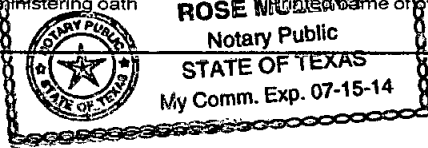
Rose M. Williams

Notary

Signature of officer administering oath

Name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 129 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/27/2012 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myrtle Carson | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1735 10 th St. Hempstead, TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claude Lee | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2202 Bent River Sugar Land, TX 77479 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Sung | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 15119 Brookwood Bridge Lane, Sugar Land, TX 77498 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk Paschal | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 12802 Willow Center Hou, TX 77066 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Lee | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5855 Sovereign DR Hou, TX 77036 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <u>2 of 9</u> | |
| 2 FILER NAME <u>Christopher Lee</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>3/27/2012</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Chang Cheng</u> 6 Contributor address; City; State; Zip Code <u>10934 Tulip Garden Ct., Hou, Tx. 77065</u> | 7 Amount of contribution (\$) <u>\$100.00</u> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <u>3/27/2012</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>William Yeh</u> Contributor address; City; State; Zip Code <u>4708 Braburn Bellaire, Tx. 77401</u> | Amount of contribution (\$) <u>\$100.00</u> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>3/27/2012</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Suchen KUO</u> Contributor address; City; State; Zip Code <u>20730 Shadow Mill Ct., Katy, Tx 77450</u> | Amount of contribution (\$) <u>\$100.00</u> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>3/27/2012</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Chao-Hsuan WU</u> Contributor address; City; State; Zip Code <u>20726 Shadow Mill Ct., Katy, Tx 77450</u> | Amount of contribution (\$) <u>\$100</u> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>3/27/2012</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Shu Chou</u> Contributor address; City; State; Zip Code <u>3210 Bent Grass Katy, Tx. 77450</u> | Amount of contribution (\$) <u>\$100.00</u> | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 389 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/27/2012 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shu-Ying Hsu | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 607 Sugar Creek Sugar Land, TX 77478 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Hwong | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 11713 Dorette Dr. HOU, TX 77024 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Thompson | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1236 First St, Hempstead, TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Virginia Castro | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 842247 HOU, TX 77284 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Anne Wiesner | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 257 Waller, TX 77484 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 4 29 9 | |
| 2 FILER NAME CHRISTOPHER LEE | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/27/2012 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kui Yang | 7 Amount of contribution (\$) \$1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 635 Royal Lakes Dr Richmond, TX 77469 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Lim | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6918 Corporate Dr. Hou, TX. 77036 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christi Yao | Amount of contribution (\$) \$400.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2815 Pepperwood Sugar Land, TX. 77449 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chien Lo | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4314 Kenston Pl. Missouri City, TX. 77459 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chao Lee | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2231 Southgate Houston, TX. 77030 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 569 9 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/27/2012 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Liu 6 Contributor address: City: State: Zip Code 3615 Victory Terrace Ln. Katy, TX 77450 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecil Fong Contributor address: City: State: Zip Code 12054 E. Circle Dr. Hou, TX 77071 | Amount of contribution (\$) \$200. | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willie Lai Contributor address: City: State: Zip Code 2838 McCulloch Circle, Hou, TX. 77056 | Amount of contribution (\$) \$200 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chen Hsu Contributor address: City: State: Zip Code 2422 Clawson Falls Sugar Land, TX 77479 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 3/27/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Niebling Contributor address: City: State: Zip Code P.O. Box 372, Pebble Beach, Ca. 93953 | Amount of contribution (\$) \$100. | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 6 of 9 9 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/10/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Gu | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 9315 Katy Fw Hou, Tx. 77024 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Liu | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1702 Garden Home Dr. Sugar Land, Tx. 77479 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thalia Wang | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 9222 Sharpview Hou, Tx. 77036 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chau Wang | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 14107 Ragus Lake Sugar Land, Tx. 77478 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yao Chen | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 12130 Burgoyne Dr Hou, Tx. 77077 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 7 2 9 9 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/10/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Chang | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 3318 Still Meadow Ct. Sugar Land, TX 77479 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linna Lou | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1338 Oyster Point DR. Sugar Land, TX 77478 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawning Ho | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6823 Spanish Bay Ct. Missouri City, TX 77459 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kam Law | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2927 Field Line DR. Sugar Land, TX 77479 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Quan | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4007 Ashton Villa Ct. Sugar Land, TX 77479 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 889 9 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/19/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lina Lau | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 8312 A Augustine Dr Houston, TX 77036 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine Propst | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 47731 Old Houston Hwy. Hempstead, TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/19/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myrtle Carson | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1735 10th St. Hempstead, TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry Wu | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1 Lazywood Lane Hou, TX 77024 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/10/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Annie Chang | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3223 W. Farmington Ln. Sugarland, TX 77479 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 9 8 9 9 | |
| 2 FILER NAME Christopher Lee | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4/10/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gwo-Jen Chang 6 Contributor address; City; State; Zip Code 4710 Braburn Dr. Bellaire, TX 77401 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/20/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Kish Contributor address; City; State; Zip Code 2911 S. Sam Houston Pkwy East Hou, TX 77047 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Christopher Lee

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 2,400.00

5 Date of loan

3/27/2012

7 Name of lender

Mei Lee

 out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$1,400.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

P.O. Box 766
Hempstead, Tx. 77445

10 Interest rate

0%0

11 Maturity date

4-20-2012

12 Principal occupation / Job title (See Instructions)

Homemaker

13 Employer (See Instructions)

14 Description of Collateral

 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

 not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3-7-2012

Name of lender

Christopher Lee

 out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$1,000.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

1545 Main St.
Hempstead, Tx. 77445

Interest rate

0%

Maturity date

11-15-2012

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

Harris County

Description of Collateral

 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

 not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 1 of 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|--------------------------|---|
| 4 Date 3-18-12 | 5 Payee name Hong Kong Assoc. |
|--------------------------|---|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 10303 West Office Dr. Hou, Tx. 77036 |
|----------------------------------|---|

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

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

| | |
|------------------------|--------------------------------|
| Date 3-20-12 | Payee name Chris Lee |
|------------------------|--------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 1545 Main St. Hempstead, TX 77445 |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Loans | Description (If travel outside of Texas, complete Schedule T) Repayment - partial |
|------------------------|--|---|

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

| | |
|------------------------|---------------------------------------|
| Date 3-20-12 | Payee name Waller Co. Clerk |
|------------------------|---------------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$80.00 | Payee address; City; State; Zip Code 836 Austin St Hempstead, Tx. 77445 |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Expenses | Description (If travel outside of Texas, complete Schedule T) County Ret Voting Maps |
|------------------------|--|--|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 2 of 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|--------------------------|------------------------------|
| 4 Date 2-10-12 | 5 Payee name Boost |
|--------------------------|------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$55.13 | 7 Payee address; City; State; Zip Code OR. 888-440-9958 |
|---------------------------------|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Office Expense | (b) Description (If travel outside of Texas, complete Schedule T) cell phone |
|--------------------------|---|--|

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

| | |
|------------------------|------------------------------------|
| Date 2-20-12 | Payee name Golden Corral |
|------------------------|------------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$86.71 | Payee address; City; State; Zip Code #540 College Station, TX. |
|-------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Bev. | Description (If travel outside of Texas, complete Schedule T) Camp. planning |
|------------------------|--|--|

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

| | |
|------------------------|--------------------------------------|
| Date 2-23-12 | Payee name Jack In The Box |
|------------------------|--------------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$21.65 | Payee address; City; State; Zip Code #3959 Hempstead, TX. |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Bev. Expense | Description (If travel outside of Texas, complete Schedule T) feed workers |
|------------------------|--|--|

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

| | |
|-----------------------|----------------------------|
| Date 3-5-12 | Payee name Boost |
|-----------------------|----------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$66.15 | Payee address; City; State; Zip Code Or. 888-440-9958 |
|-------------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Expense | Description (If travel outside of Texas, complete Schedule T) cell phone |
|------------------------|---|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 37 - 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|-------------------------|------------------------------------|
| 4 Date 3-7-12 | 5 Payee name Dairy Queen |
|-------------------------|------------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$20.31 | 7 Payee address; City; State; Zip Code Hempstead, TX. |
|---------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food / Bev. | (b) Description (If travel outside of Texas, complete Schedule T) Campaign planning |
|--------------------------|--|---|

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

| | |
|-----------------------|----------------------------------|
| Date 3-9-12 | Payee name Dairy Queen |
|-----------------------|----------------------------------|

| | |
|------------------------------|--|
| Amount (\$) \$7.89 | Payee address; City; State; Zip Code Hempstead, TX |
|------------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food / Bev Expense | Description (If travel outside of Texas, complete Schedule T) Campaign Planning |
|------------------------|---|---|

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

| | |
|------------------------|------------------------------|
| Date 3-10-12 | Payee name No Cafe |
|------------------------|------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$37.49 | Payee address; City; State; Zip Code Hou, TX. |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Event Planning |
|------------------------|--|--|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 4 of 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|--------------------------|-----------------------------|
| 4 Date 4-10-12 | 5 Payee name USPS |
|--------------------------|-----------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$27.00 | 7 Payee address; City; State; Zip Code Hempstead, TX. |
|---------------------------------|---|

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

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

| | |
|------------------------|---|
| Date 3-19-12 | Payee name Computer Solutions |
|------------------------|---|

| | |
|-------------------------------|--|
| Amount (\$) \$48.72 | Payee address; City; State; Zip Code 225 Business Hwy 290 E Hempstead, TX. 77445 |
|-------------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) 18"X24" Signs |
|------------------------|---|---|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: 5 & 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|--|

| | |
|-------------------------|----------------------------------|
| 4 Date 4-6-12 | 5 Payee name Walgreens |
|-------------------------|----------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$17.09 | 7 Payee address; City; State; Zip Code #4839 Katy, TX |
|---------------------------------|---|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) Soda |
|--------------------------|--|--|

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

| | |
|-----------------------|---|
| Date 4-7-12 | Payee name Lucky Village Buffet |
|-----------------------|---|

| | |
|-------------------------------|---|
| Amount (\$) \$46.60 | Payee address; City; State; Zip Code Hou, TX. |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Planning |
|------------------------|--|--|

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

| | |
|-----------------------|-----------------------------|
| Date 4-7-12 | Payee name Target |
|-----------------------|-----------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$24.79 | Payee address; City; State; Zip Code #9076 Hou, TX. |
|-------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Thank you cards |
|------------------------|--|---|

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

| | |
|-----------------------|------------------------------------|
| Date 4-9-12 | Payee name Victory Store |
|-----------------------|------------------------------------|

| | |
|----------------------------------|---|
| Amount (\$) \$1,819.25 | Payee address; City; State; Zip Code Ia. 563-884-4444 |
|----------------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) 4x8 Signs |
|------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 6 of 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|-------------------------|------------------------------|
| 4 Date 4-5-12 | 5 Payee name Boost |
|-------------------------|------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$66.15 | 7 Payee address; City; State; Zip Code OR 888-440-9958 |
|---------------------------------|--|

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

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

| | |
|-----------------------|--------------------------------|
| Date 4-6-12 | Payee name Walgreens |
|-----------------------|--------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$22.63 | Payee address; City; State; Zip Code #3441 Hou, TX. |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Soda/Water |
|------------------------|--|--|

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

| | |
|-----------------------|--------------------------------|
| Date 4-6-12 | Payee name Walgreens |
|-----------------------|--------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$22.63 | Payee address; City; State; Zip Code #3441 Hou, TX |
|-------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Soda/Water |
|------------------------|--|--|

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

| | |
|-----------------------|--------------------------------|
| Date 4-6-12 | Payee name Walgreens |
|-----------------------|--------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$15.16 | Payee address; City; State; Zip Code #4839 Katy, TX |
|-------------------------------|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Soda |
|------------------------|--|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 7 of 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---|--|

| | |
|--------------------------|-------------------------------------|
| 4 Date 3-27-12 | 5 Payee name Office Depot |
|--------------------------|-------------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$45.43 | 7 Payee address; City; State; Zip Code #462 Katy, TX |
|---------------------------------|--|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) Stationery / Biz cards |
|--------------------------|--|--|

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

| | |
|------------------------|-----------------------------------|
| Date 3-31-12 | Payee name Office Depot |
|------------------------|-----------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$24.01 | Payee address; City; State; Zip Code #462 Katy, TX |
|-------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Stationery / Biz cards |
|------------------------|--|--|

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

| | |
|------------------------|--|
| Date 3-31-12 | Payee name BB Alzheimer's Assoc. |
|------------------------|--|

| | |
|--------------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code Ca. 866-992-3374 |
|--------------------------------|---|

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

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

| | |
|-----------------------|------------------------------|
| Date 4-3-12 | Payee name Denny's |
|-----------------------|------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$25.34 | Payee address; City; State; Zip Code #7617 Hempstead, TX |
|-------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Bev. | Description (If travel outside of Texas, complete Schedule T) Camp. planning |
|------------------------|--|--|

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: 8 8 8 | 2 FILER NAME CHRISTOPHER Y. LEE | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|--|

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|----------------------------|--------------------------------|
| 4 Date 4-20-2012 | 5 Payee name Mei Lee |
|----------------------------|--------------------------------|

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|------------------------------------|---|
| 6 Amount (\$) \$1,400.00 | 7 Payee address; City; State; Zip Code P.O. Box 766 Hempstead, TX 77445 |
|------------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) Loan Repayment - Event Expense - fundraiser |
|--------------------------|--|---|

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

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|------------------------|-----------------------------------|
| Date 3-16-12 | Payee name Office Depot |
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|-------------------------------|--|
| Amount (\$) \$40.57 | Payee address; City; State; Zip Code #462 Katy, TX |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Stationery/Business Cards |
|------------------------|--|---|

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

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|------------------------|--|
| Date 3-21-12 | Payee name Hempstead Seafood Rest. |
|------------------------|--|

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|-------------------------------|--|
| Amount (\$) \$45.55 | Payee address; City; State; Zip Code Hempstead, TX |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Ber. Expense | Description (If travel outside of Texas, complete Schedule T) event planning |
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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|------------------------|-----------------------------------|
| Date 3-27-12 | Payee name FedEx Office |
|------------------------|-----------------------------------|

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|------------------------------|--|
| Amount (\$) \$5.77 | Payee address; City; State; Zip Code #21170 Katy, TX |
|------------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Copy/Enlarge Maps |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED