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: | | |
|---|---|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST | МІ | OFFICE USE ONLY | | |
| NAME | NICKNAME LAST | | Date Received | | |
| | Lee | | 2 ELI | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; | STATE; ZIP CODE | Data Hand-delivered or Postmarked | | |
| change of address | | | Receilat # Amount | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | | Date Processed | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR EIRST CSEPHO NICKNAME LAST Gaither | MI | Date Imaged (| | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | CITY; STATE; | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | , | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) | | |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day 9 / 30 / | Year / 14 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | Runoff S | General Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Tustice Po | of the Peace t.7 | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | andra i | Lee 1 | 5 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 | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | TARR 2014 OC | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | | | |
| | · · | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 250.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM | \$ 382.03 | | |
| | 4. TOTAL | \$ 9559.91 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL P OF REP | \$ 682,70 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL F LAST DA | \$ 5000.00 | | | |
| 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. MY COMMISSION EXPIRES APRIL 2, 2018 Signature of Candidate or Officeholder | | | | | |
| AFFIX NOTARY STAM | IP / SEAL ABOVE | | | | |
| Sworn to and subscribed before me, by the said Sandia Lee, this the, this the, day of <u>Octobe</u> , 2014, to certify which, witness my hand and seal of office. | | | | | |
| Signature of officer admi | Maither inistering oath | MULSSa Gayher Printed name of officer administering oath | NO Fary 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: | | |
|---|---|--------------------|-------------------------------|---|--|
| 2 FILER NAME | dra bee | | 3 ACCOUNT # (E | thics Commission Filers) | |
| 4 Date 7/18/14 | Full name of contributor out-of-state PAC (ID#_ Tamanf Country Democratic 6 Contributor address; City; State; Zip Code 3550 5W Loop 820 H. Worth To | , Women | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | | |
| Date 9 (0) 14 | Full name of contributor ut-of-state PAC (ID#_ Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| , , , , , , , , , , , , , , , , , , , | | xo/ | | of Texas, complete Schedule T) | |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | | |
| Date | Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | | | (If travel outside | Texas, complete Schedule T) | |
| Principal occur | pation / Job title (See Instructions) | Employer (See I | nstructions) | 8 8 3 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | |
| Date . | Full name of contributor | | | In-kind contribution description (if applicable) | |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | | |
| Date | Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| Dringing Loop | | | | i | |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| LOANS | | | SCHEDULE E |
|--|--|---|------------------------------------|
| | | 1 16: | al pages Schedute E: |
| The | Instruction Guide explains how to compl | | 18 8 8 |
| 2 FILER NAME | | 3 ACC | COUNT # (Ethics Commission Filers) |
| Sa | rdra Lee | | o di |
| 4 TOTA | L OF UNITEMIZED LOANS: |) | |
| 5 Date of loan | 7 Name of lender Sandra Lee | out-of-state PAC (ID#: | 9 Loan Amount (\$) |
| 6 Is lender address; City; State; Zip Code a financial | | | 10 Interest rate |
| Institution? | Kennedale To | 76060 | 11 Maturity date |
| | on / Job title (See Instructions) | 13 Employer (See Instructions) Mausfield TS | 0 |
| 14 Description of Col | | 15 Check if personal funds were depos | |
| none | | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; City; S | State; Zip Code | |
| 20 Principal Occupat | | | |
| Date of loan | Name of lender | out-of-state PAC (ID#: | Loan Amount (\$) |
| 9/10 | Sandrake | | 2,000.00 |
| Is lender a financial Institution? | Lender address: City; State; L84 Winterwood | Zip Code Qr | Interest rate |
| Y (N) | 624 Winterwood Kennedale TX | 76060 | Maturity date |
| Principal occupati | ion / Job title (See Instructions) | Employer (See Instructions) | |
| Traance | y Officer | Mansfield Is | SO |
| Description of Coll | | Check if personal funds were depos | ited into political account |
| none | | ⊠ | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; S | State; Zip Code | |
| Principal Occupat | tion (See Instructions) | Employer (See Instructions) | |
| If len | ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr | ES OF THIS SCHEDULE AS NEEDED uction guide for additional reporting | requirements. |

www.ethics.state.tx.us

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| Advertising Expense | | | | | |
|---|---|-------------------------------------|--|--|--|
| * · | EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ | Contract Labor Loa | n Repayment/Reimbursement | | |
| Accounting/Banking | | | ransportation Equipment & Related Expense | | |
| Consulting Expense Event Expense | Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D | ••• | ntributions/Donations Made By Candidate/Officeholder/Political Committee | | |
| Fees | Printing Expense Office Overhead | | HER (enter a category not listed above) | | |
| | The Instruction Guide explains how t | • | Tark (emor a caregor) mor more accord, | | |
| 4 Total sagas Cabadula Er | | | 2 ACCOUNT # (Ethics Commission Filem) | | |
| 1 Total pages Schedule F: | Eardra Lee | | 3 ACCOUNT # (Ethics Commission Filers) | | |
| 4 Date 7/12/14 | Ferb Patterson |) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| 3∞.∞ | | | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If tra | ivel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | salary/waces | Check if Austin | stin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/C | Н | | | | |
| Date / . | Payee-name / // // // // | 000 | ۲ | | |
| 8 2 14 Amount (\$) | TOROST HU CHUNCH Payee address; City; State; Zip Code | of Chri | 4 | | |
| 41 | . 4,00 444.000, 0.0,, 0.4.0, 4,0000 | | | | |
| 350.00 | | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If tra | vel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | Event expense | Check if Austin | , TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name H | Office sought | Office held | | |
| Date , , | Payee mame, | | 30 FO S | | |
| 8/13/14 | Kelbekah Skeete | | TAR 2014 C | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$1000 00 | | | Constitution of the consti | | |
| 7000.00 | | | The Civilian Constitution | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If tra | vel outside of Texas, complete Schedule T) | | |
| | | | A Comment | | |
| OF | | | | | |
| | Salary | Check if Austin | , TX, officeholder living expense | | |
| OF | Salary Candidate / Officeholder name | Check if Austin | | | |
| OF EXPENDITURE Complete ONLY if direct | | | , TX, officeholder living expense | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Н | | , TX, officeholder living expense | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Payee name Herb Patterson | | , TX, officeholder living expense | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Н | | , TX, officeholder living expense | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Payee name Herb Patterson | | , TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/O | Payee name Herb Patterson | Office sought | , TX, officeholder living expense | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date S/7/4 Amount (\$) PURPOSE | Payee name Herb Pattersov Payee address; City; State; Zip Code | Office sought | n, TX, officeholder living expense Office held | | |
| Complete ONLY if direct expenditure to benefit C/O | Payee name Herb Pattersov Payee address; City; State; Zip Code | Office sought Description (If tree | n, TX, officeholder living expense Office held | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date S///// Amount (\$) PURPOSE OF | Payee name Herb Pattersow Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Salary Candidate / Officeholder name | Office sought Description (If tree | o, TX, officeholder living expense Office held | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date S//// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee name Herb Pattersow Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Salary Candidate / Officeholder name | Description (If tra | avel outside of Texas, complete Schedule T) TX, officeholder living expense Office held | | |

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| | EXPENDITURE | CATEGORIES F | OR BOX 8(a) | | | | |
|---|--|-----------------------|---|---------------------------------|---------------------------------------|---------------|----------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Cor | | oan Repayment/Reimbursement | | | |
| Accounting/Banking | Legal Services | Solicitation/Fundrais | • • | | | ted Expense | |
| Consulting Expense | Food/Beverage Expense | Travel In District | | Contributions/Donations Made By | | | |
| Event Expense | Polling Expense | Travel Out Of Distri | | Candidate/Office | | | 3 |
| Fees | Printing Expense | Office Overhead/Re | • | HER (enter a ca | itegory not list | ed above) | |
| | The Instruction Guide | explains now to c | omplete this form. | | | | |
| 1 Total pages Schedule F: | Sandra Le | e | | 3 ACCOUNT | # (Ethics Com | mission Filer | s) |
| 4 Date | 5 Payee name | <i>'</i> | | | | | |
| 9/12/14 | Cedric Dail | ey | A SALA | | | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | ate; (Æip Code | | | | | |
| 4250.00 | | | | | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top | of this schedule) | (b) Description (If tra | avel outside of Texa | s, complete Sche | dule T) | |
| EXPENDITURE | advertising | | Check if Austin | n, TX, officeholder | living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | | Office sought | | Office I | neld | |
| Date Alala | Payee name | Du | 717 | | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | | | | |
| 1, 22 2 00 | | | | | | | |
| 1, 17 1.88 | | | was a second of the second of | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description (If tra | evel outside of Texa | s, complete Sche | | |
| OF EXPENDITURE | Drintile | | | | | 30 | ľ |
| EXPENDITURE | Picae | , | Check if Austin | n, TX, officeholder | living expense | | ć. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office sought | | Office h | neid | 1000 |
| Date | Payee name | | | | 1 2 | | 1 |
| Date | , | | | : E | 1 5.23 | months : | - |
| | D | | | | 4 | J. 200 | - 5 |
| Amount (\$) | Payee address; City; Sta | ite; Zip Code | | C | 8 8 | 77 | #100 #100 #100 |
| | | | | U S | · · · · · · · · · · · · · · · · · · · | | 24 |
| | | | | <u> </u> | (T) (C) | * ~ - 1 | 5 |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description (If tra | ivel outside of Texa | s, compl ete Sche | dule T) | |
| OF | | | | <u>.</u> | | | |
| EXPENDITURE | | | Check if Austin | n, TX, officeholder | living expense | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | | Office sought | | Office I | neld | |
| Date | Payee name | | | | | | |
| Date | rayee name | | | | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Catagony (See entocopies listed at the to- | of this schodule) | Description // | aval outside of Taxas | ne complete Cab | adulo T\ | |
| PURPOSE | Category (See categories listed at the top | or una scriedule) | Description (If tra | avel Outside Of Text | is, complete sche | adule () | |
| OF EXPENDITURE | | | Charle if A cation | TY officebolder | living evocace | | |
| | Condidate / Office halder | | | n, TX, officeholder | | | |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | | Office sought | | Office I | iela | |
| 704-04 | ATTACH ADDITIONAL CO | OPIES OF THIS S | CHEDULE AS NEI | EDED | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Food/Beverage Expense Consulting 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. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 OF **EXPENDITURE** expense Check if Austin, TX, officeholder living expense Date Pavee name 0 Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Check if Austin, TX, officeholder living expense .

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE