# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# 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 /	MS (MB8 / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER	Cándra	$\overline{\mathcal{D}}$	Date Received	
NAME	NICKNAME LAST	SUFFIX		
		SUFFIX	70. 10. 10.	
	Lee		FOI F AR	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered on Postmarked	
OFFICEHOLDER MAILING			50/2 = 7	
ADDRESS				
change of address			Receipt # = Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	The couple of th	
OFFICEHOLDER	AND CODE	EXTENSION	Date Processed	
PHONE			10 6	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER NAME	Sandra	$\mathcal{D}$	P.	
INAME	NICKNAME LAST	SUFFIX		
	Lee			
7 CAMPAIGN	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS				
(residence or business)	1			
	- :			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	·	
PHONE				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	Source of Source		treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
40 BEDIOS				
10 PERIOD COVERED	Month Day Year  THROUGH	Month Day	Year	
	8/22/13 THROUGH	12/31/	/Iã	
			`	
11 ELECTION	ELECTION DATE ELECTION TYPE			
•	Month Day Year	Runoff	General Special	
	3 /4 /2014 Printery			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		5/4 Stice	of the Pence	
		Dos	Ty	
		1 7 4	• 1	
GO TO PAGE 2				

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

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	20 m d m	Lee 11	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	TARRA  2014 JAN  STEN
	SPECIFIC	COMMITTEE ADDRESS	ANT COUNTY AND STATE OF THE CO
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	2: 16 ATOR
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		1 4
		. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2185.00
EXPENDITURE TOTALS			1ZED \$ 263.70
			\$ 2263.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		* 921.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1000.00		
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.  MILISSA GAITHER  Notary Public, State of Texas  My Commission Expires  April 30, 2014  Signature of Candidate or Officeholder			
Sworn to and sub		me, by the said <u>Sandra Lee</u>	, this the my hand and seal of office.
Signature of officer administering oath  Notary  Title of officer administering oath			

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: しん る		
2 FILER NAME	Sandra Lee		3 ACCOUNT # (E	ethics Commission Filers)
4 Date 9/16/13	5 Full name of contributor □ out-of-state PAC (ID#_  KEVIA LCC  6 Contributor address; City; State; Zip Code		300.00	8 In-kind contribution D description (if applicable)  C T T T T T T T T T T T T T T T T T T
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 9/23/13	Full name of contributor		Amount of contribution (\$)	description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
Delocioni	color / Joh iillo (Con Lostrusticos)	Employer (See	<del></del>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
10 18 13	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Dringing on a	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Findipal occup	PERSON COOK ROOM (COOK INSUREDINS)	Ciripioyei (Gee		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this f	form. 1 Total pages Sch	_	
2 FILER NAME Sandra Lee	3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of contribution (\$) 9, 00	8 In-kind contribution description (if applicable)	
		of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	TAR TOTAL	
Date  Full name of contributor  out-of-state PAC (ID#	Amount of contribution (\$)	In-bind configuration description (if applicable)	
	(If travel outside o	of Texas, complete Schedule T	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	58	
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	of Texas, complete Schedule T)	
Date  Full name of contributor out-of-state PAC (ID#  Michaelle Brown  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	of Texas, complete Schedule T)	
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

www.ethics.state.tx.us

Revised 04/19/2013

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME Sandra Lee	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) description (if applicable)		
12/4/13 6 Contributor address; City; State; Zip Code	200.00		
	(if travel outside et Texas complete Schedule T)		
9 Principal occupation / Job title (See Instructions) 10 Emp	loyer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of Mikind contribution contribution (\$) description (F applicable)		
12/2/13 Contributor address; City: State; Zip Code	\$ 75.00 BEEN BEEN BEEN BEEN BEEN BEEN BEEN BE		
	(If travel outside of Texas Complete Schedule T)		
Principal occupation / Job title (See Instructions) Empl	oyer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)		
(2/12/13 Contributor address; City; State; Zip Code	50.00		
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Empl	oyer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)		
12/19/13 Contributor address City; State; Zip Code	100.00		
Drive in Language ( Joh title (Con Instructions)	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Empl	oyer (See Instructions)		
Date Full name of contributor  Out-of-state PAC (ID#:	) Amount of In-kind contribution contribution (\$) description (if applicable)		
Contributor address; City; State; Zip Code	<sup>#</sup> (∞·∞		
Direction Lab title (Con lands with a Con lands with a Co	(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 foradditional reporting requirements.

LOANS			SCHEDULE E
***			
The Instruction Guide explains how to complete this form.			pages Schedule E:
2 FILER NAME	0 /	3 ACC	OUNT # (Ethics Commission Filers)
Sanc	lra Lee		
TOTA	L OF UNITEMIZED LOANS:		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#	9 Loan Amount (\$)
12/19/13	Candra Lee		B/000.00
6 Is lender a financial	8 Lender address; City; State;	Zip Code	1710 Interest rate
Institution?	Le 201 Visla Wood &	or. Cert. 76017	11 Meturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	25-171
12 Filliopal occupati	on 7 300 title (386 mandations)	13 Employer (ode moderno)	
14 Description of Col	lateral	15 Check if personal funds were deposit	ed into political account
none			
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	Name of lender [	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code	Interest rate
Institution?			Maturity date
Y N			
Principal occupat	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were deposite	ed into political account
none			
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
not applicable	Guarantor address; City;	State; Zip Code	
Principal Course	ion (See Instructions)	Employer (See Instructions)	
Filicipal Occupat	ion (See iiislinciiolis)	Employer (See Instructions)	
if len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEEDED ruction guide for additional reporting	requirements.

## **POLITICAL EXPENDITURES**

# SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Event Expense		00	ons/Donations Made By late/Officeholder/Political Committee
Fees	Printing Expense Office Over	erhead/Rental Expense OTHER (e	enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F:	2 FILER NAME Ocudra Lee	3 A	CCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
12/4/13	Carrant County	Democratic	tarter
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1000.00	2806 Race Street F	Set WORLNIX	化明 温 对
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	ule) (b) Description (If travel outs	side of Texas, complete Schedule T
OF EXPENDITURE	Fees (Filing)	Candida	te filing Deal 7
	Candidate / Officeholder name	Office sought	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office Sought	
Date 1 i	Payee pame	· · · · · · · · · · · · · · · · · · ·	
12/19/13	Rebekaw SK	eete	
Amount (\$)	Payee address; City; State; Zip C	ode	
\$ 1000.0D	7019 O'Connorst. Gu	rlugton TX The	002
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outs	side of Texas, complete Schedule T)
OF EXPENDITURE	Salar Wages contract h	abor Coulract lab	or for campagn
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
experientate to belieff 6/6			144
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ode	
PURPOSE	Category (See categories listed at the top of this schedu	ule) Description (If travel outs	side of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	nde	
, inioditi (4)	Tayoo addicoo, Oity, Oidie, Zip C		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE	·		•
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			