# 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 /	MS (MRS) / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	NICKNAME LAST	SUFFIX	Date Received		
	Lee		20 ELE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed		
6 CAMPAIGN TREASURER NAME	ms/mrs (MR) FIRST VOSEPH	MI	Date Imaged Co		
	NICKNAME LAST Gaither	SUFFIX			
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  i / 1 / 2014  THROUGH	Month Day し/30 /	Year 2014		
11 ELECTION	ELECTION DATE Month Day Year Primary  11 / 4 / 2014	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  TUSTICE O	f the Peace 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	ndrash	ee	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	33 fr		
	GENERAL		20 ZELE		
		COMMITTEE ADDRESS	Z = B		
	SPECIFIC		52 € 3		
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	6 07 -		
			23 		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8570.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	*MIZED \$ 756:57		
	4. TOTAL	\$ 3498.69			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 5992-61		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 1000,00		
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.  MARIA AMPARO GONZALEZ Notary Public, State of Texas My Commission Expires September 11, 2016  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.  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and sub	\	me, by the said TR DL  , to certify which, witness  Maria Amazo (Sonzale)	my hand and seal of office.		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:		
2 FILER NAME	Sandra Lee		3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributor □out-of-state PAC(ID#:_  Dick and Toyce Zousback  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
			(If travel outside	of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC(ID#:_    File   Pile   Pile     Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
				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#_ Showley & Geneva School Contributor address; City; State; Zip Code	fer	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal coour	pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)		
Filicipal occup	Salott / Job title (See Histractions)	Employer (See (	manuchoria)			
Date 2/13/14	Full name of contributor   out-of-state PAC (ID#:_Chris Turner Compagu Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution  description (if applicable)		
Principal occur	oation / Job title (See Instructions)	Employer (See	Instructions)	# <b>3</b> 36		
Date 2/13/14	Full name of contributor out-of-state PAC(ID#:_ Chuck and Nancy Pussel Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions)	Employer (See				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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:		
2 FILER NAME			- //	<u> </u>	
Z TILEN NAME	Sandra Lee		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution	
-1.1	Sheila Pode		contribution (\$)	description (if applicable)	
2/18/14	6 Contributor address; City; State; Zip Code		100.00		
			100-00		
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See			
Date	Full name of contributor	)	Amount of	In-kind contribution	
,	Brig Turner		contribution (\$)	description (if applicable)	
2/18/4	Contributor address; City; State; Zip Code		4	,	
Tropy			20.00		
			γ.	7 201	
			(If travel outside-c	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		9 5 3	
			Ü	rd.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	kackind contribution	
	Tim. Martinez		contribution (\$)	description (if applicable)	
2/20/11	Contributor address; City; State; Zip Code		8 2000 and		
yay M			2000.00		
			1 3	i 8 ≺	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
	Complex and In Mand III		contribution (\$)	description (if applicable)	
21/201/101	Contributor Mangueld Devil Contributor address; City; State; Zip Code	DOONE WONON	di		
4/11/14	Continuator address, City, State, Zip Code		250.00		
			0,00		
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		or roxad, deripidite deriodate 17	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
	Cada Smith		contribution (\$)	description (if applicable)	
1/10	Contributor address; City; State; Zip Code		#		
6/10	Contributor address, City, State, Zip Code		100,00	1	
			, -0	i I	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See			

#### 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

				W
The Instruction Guide explains how to complete this form.			1 Total pages Sche	dule A:
2 FILER NAME	Dardra Lee		3 ACCOUNT # (Eti	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_  OMEY LE  6 Contributor address; City; State; Zip Code  Le 201 Vi State Wood Dr  Curryfen To 76017		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	20
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, Complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	cn -<
Date	Full name of contributor  ut-of-state PAC (ID#:_	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
]			(If travel outside	I of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	•	(If traval outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		c

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

# POLITICAL EXPENDITURES

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATE	ORIES FOR BOX 8/a)			
Advertising Expense	Gift/Awards/Memorials Expense Salarie		lass Description		
Accounting/Banking		·	Loan Repayment/Reimbursement		
Consulting Expense	Food/Reverses Expense Transportation Equipment & Related Expens				
Event Expense	Polling Expense Travel	Contributions/Donations Made By			
Fees		Candidate/Officeholder/Political Committee			
	The Instruction Guide explain	overhead/Rental Expense s how to complete this for	OTHER (enter a category not listed above) m.		
1 Total pages Schedule F:	2 FILER NAME O				
142	Dandra Lee		3 ACCOUNT # (Ethics Commission Filers)		
4 Date,	5 Payee name				
2/10/14	Jackson Clay				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$520.50	Cerlix	ford TX			
B PURPOSE	(a) Category (See categories listed at the top of this sch	edule) (b) Description (	f travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	advertising	7-8h	irts		
Complete ONLY if direct	Candidate / Officeholder name	05			
expenditure to benefit C/C		Office sought	Y D Dffice held		
Date , , ,	Payee pame C				
2/18/14	Jackson Clay		Sm F AT		
Amount (\$)	Payee address; City; State; Zip	Code	Z S SM		
\$ 01/0 00	$\bigcap \mathcal{A}$	ich 7 To ~			
\$ 240.00	CU W	son To 7			
PURPOSE	Category (See categories listed at the top of this sch	dule) Description (	f travel outside of Texas, complete Schedule T)		
OF			(C)		
EXPENDITURE	advertiseno	1-8hi	ntc		
		1 500	1 1		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H  Payee name  Outhory Barnes	Office sought			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H  Payee name  Outhory Barnes	Office sought			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H  Payee name  Outhory Barnes	Office sought			
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)	Payee name  Payee address;  Candidate / Officeholder name  H  Payee address;  City; State; Zip	Office sought  CAT Car  Code	dman)		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)	Candidate / Officeholder name H  Payee name  Outhory Barnes	Office sought  CAT Car  Code			
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{3}{8} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name  Payee address;  Candidate / Officeholder name  H  Payee address;  City; State; Zip	Office sought  CAT Car  Code	f travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{3}{8} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name  Payee address;  Category (See categories listed at the top of this sch  Candidate / Officeholder name	Office sought  Code  Description (	f travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{2}{3}\le 2\le 2\le 6  PURPOSE OF EXPENDITURE	Payee name  Payee address;  Category (See categories listed at the top of this sch  Candidate / Officeholder name	Office sought  CAT Car  Code  dule) Description (	f travel outside of Texas, complete Schedule T)		
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Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Category (See categories listed at the top of this sch  Candidate / Officeholder name  Candidate / Officeholder name  H	Office sought  Code  Description (	f travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H  Payee name  Cuthory Barnes Payee address; City; State; Zip  Category (See categories listed at the top of this sch  Candidate / Officeholder name H  Payee name Rebekak Skeete	Office sought  Code  Description (	f travel outside of Texas, complete Schedule T)		
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Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{3}{8} \ 26  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3\[ \lambda \rightarrow \lambda \rig	Candidate / Officeholder name H  Payee name  Cuthory Barnes  Payee address; City; State; Zip  Category (See categories listed at the top of this sch  Candidate / Officeholder name  H  Payee name  Rebekan Skeete  Payee address; City; State; Zip  1019 O'Connor St	Office sought  Code  Description (  Office sought  Code  Code  Code	ftravel outside of Texas, complete Schedule T)  Cr S  Office held		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  3 (8   12    Amount (\$)	Candidate / Officeholder name  H  Payee name  Category (See categories listed at the top of this sch  Candidate / Officeholder name  H  Payee name  Rebekan Skeete  Payee address; City; State; Zip  Candidate / Officeholder name  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch	Office sought  Code  Office sought  Office sought  Office sought  Office sought  Description (i	f travel outside of Texas, complete Schedule T)  CYS  Office held		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{3}{8} \ 26  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3\[ \lambda \rightarrow \lambda \rig	Candidate / Officeholder name H  Payee name  Cuthory Barnes  Payee address; City; State; Zip  Category (See categories listed at the top of this sch  Candidate / Officeholder name H  Payee name  Rebekan Skeete  Payee address; City; State; Zip  Connor St  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Salaries   Wagest Consort	Office sought  Code  Cod	f travel outside of Texas, complete Schedule T)  Office held  Two 2  f travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  \$\frac{3}{8} \ 26  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3\[ \lambda \rightarrow \lambda \rig	Payee name  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Candidate / Officeholder name  H  Payee name  Rebekan Skeete  Payee address; City; State; Zip  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Salaries   wasle contract    Candidate / Officeholder name	Office sought  Code  Office sought  Office sought  Office sought  Office sought  Description (i	ftravel outside of Texas, complete Schedule T)  Cr S  Office held		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3 (8   12    Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Candidate / Officeholder name  H  Payee name  Rebekan Skeete  Payee address; City; State; Zip  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Category (See categories listed at the top of this sch  Salaries   wasle contract    Candidate / Officeholder name	Office sought  Code  Description (  Office sought  Code  Office sought  Office sought	f travel outside of Texas, complete Schedule T)  Office held  Office held  Office held		

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

### POLITICAL EXPENDITURES

P.O. Box 12070

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense  The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R explains how to o	sing Expense rict ental Expense	Transportation Contributions/ Candidate/ OTHER (enter	nent/Reimbursemon n Equipment & Re Donations Made Officeholder/Poli r a category not I	elated Expense By tical Committee
1 Total pages Schedule F:	2 FILER NAME SOUDIE Lee	,		3 ACCC	OUNT # (Ethics Co	ommission Filers)
4 Date 4 24 14	5 Payee name Herb Palls	creson	, p,			
6 Amount (\$)  9200-00	7 Payee address; City; Sta	te; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)  Aract labor	(b) Description	(If travel outside o	of Texas, complete So	chedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	draw mag	Office sough	<del>20</del>	<b>201</b>	e helb
Date 5/16/14	Payee name  Ontst - beu	nd co	n			3 m
# 168 • 59	Payee address; City; Sta	ite; Zip Code		The second secon	75 <b>A</b> 0 .	3 <b>0</b>
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside o	of Texas, complete So	chedule T)
EXPENDITURE	adventisize	r		1		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office	e held
Date 6 11 14	Payee name Shuples - Con	0				
Amount (\$)	Payee address; City; Sta	te; Zip Code				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside o	of Texas, complete So	chedule T)
EXPENDITURE	advertising					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office	e held
Date 6/29/14	Payee name Faupal					
Amount (\$) \$145,30	Payee address; City; Sta	te; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside o	of Texas, complete So	chedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	İ	Office	e held
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS	NEEDED		