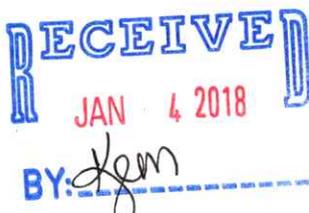


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>9</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		Date Received			
MS / MRS / MR	FIRST	MI			
NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month    Day    Year    THROUGH    Month    Day    Year <b>03 / 28 / 2017</b> <b>04 / 25 / 2017</b>		Receipt #    Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION  
*There was an error in the calculation of in-kind contributions. In-kind contributions went from \$1161.33 to \$359.53.*

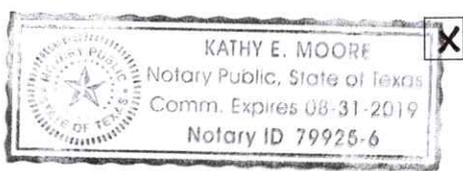
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Sandra Lee*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra Lee, this the 4th day of January, 20 18, to certify which, witness my hand and seal of office.

*Kathy E. Moore*    Kathy E. Moore    Deputy City Secretary  
 Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Files)	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">8</div>														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:40%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Sandra</td> <td></td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 8px;">LAST</td> <td style="border-top: 1px dashed black; font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Lee</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Sandra		NICKNAME	LAST	SUFFIX		Lee		<b>OFFICE USE ONLY</b>			
MS / MRS / MR	FIRST	MI															
	Sandra																
NICKNAME	LAST	SUFFIX															
	Lee																
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX:</td> <td style="font-size: 8px;">APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 30px;"></td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE						Date Received					
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE													
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td colspan="3" style="background-color: black; height: 20px;"></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION				Date Hand-delivered or Date Postmarked									
AREA CODE	PHONE NUMBER	EXTENSION															
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:40%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Catherine</td> <td style="text-align: center; font-size: 1.5em;">A</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 8px;">LAST</td> <td style="border-top: 1px dashed black; font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.5em;">Brown</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Catherine	A	NICKNAME	LAST	SUFFIX		Brown		Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI															
	Catherine	A															
NICKNAME	LAST	SUFFIX															
	Brown																
<b>7 CAMPAIGN TREASURER ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="font-size: 8px;">APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 30px;"></td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE						Date Processed					
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<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">(817) 683-3719</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(817) 683-3719		Date Imaged									
AREA CODE	PHONE NUMBER	EXTENSION															
	(817) 683-3719																
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">THROUGH</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">03/28</td> <td style="font-size: 1.5em;">/2017</td> <td></td> <td style="font-size: 1.5em;">04/25</td> <td style="font-size: 1.5em;">/2017</td> <td></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year		03/28	/2017		04/25	/2017	
Month	Day	Year	THROUGH	Month	Day	Year											
	03/28	/2017		04/25	/2017												
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ELECTION DATE</td> <td style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month    Day    Year</td> <td style="font-size: 8px;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special             </td> </tr> <tr> <td style="font-size: 1.5em;">05/06/2017</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05/06/2017											
ELECTION DATE	ELECTION TYPE																
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05/06/2017																	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>															
		Kennedale City Council - Place 3															
<b>GO TO PAGE 2</b>																	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Sandra Lee

15 Filer ID (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

\$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 784.53

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 837.99

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 279.00

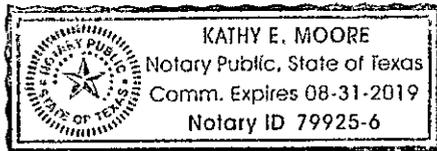
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1.00

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.



*Sandra Lee*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra Lee, this the 4th day of January, 20 18, to certify which, witness my hand and seal of office.

*Kathy E. Moore*  
Signature of officer administering oath

*Kathy E. Moore*  
Printed name of officer administering oath

*Deputy City Secretary*  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Sandra Lee</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 359.53
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 650.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 187.99
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

**Sandra Lee**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-3-17**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Marsha Knox**

7 Amount of contribution (\$)

**50.00**

6 Contributor address;

City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-15-17**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Kenneth Sanders**

Amount of contribution (\$)

**300.00**

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Date

**4-21-17**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Christy Anderson**

Amount of contribution (\$)

**50.00**

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 1.5em;">1 of 2</span>	
2 FILER NAME <span style="font-size: 1.2em;">Sandra Lee</span>		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <span style="font-size: 1.2em;">0.00</span>	
5 Date <span style="font-size: 1.2em;">4-4-17</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">Jan Joplin Campaign</span>	8 Amount of Contribution \$ <span style="font-size: 1.2em;">146.67</span>	9 In-kind contribution description <span style="font-size: 1.2em;">Event music</span>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <span style="font-size: 1.2em;">4-4-17</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">Jan Joplin Campaign</span>	Amount of Contribution \$ <span style="font-size: 1.2em;">22.09</span>	In-kind contribution description <span style="font-size: 1.2em;">Printing</span>
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2 of 2**

2 FILER NAME  
**Sandra Lee**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **0.00**

5 Date  
**4-4-17**

6 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jan Toplin Campaign**

8 Amount of Contribution \$ : 9 In-kind contribution description

7 Contributor address; City; State; Zip Code  
[REDACTED]

**83.66 Printing**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date  
**4-24-17**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rockie Gilley Campaign**

Amount of Contribution \$ : In-kind contribution description

Contributor address; City; State; Zip Code  
[REDACTED] **76060**

**87.11 Printing**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Sandra Lee</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-18-17</b>	5 Payee name <b>B+C Printing</b>	
6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code 	
8 PURPOSE OF EXPENDITURE	<b>Printing Expense</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>flyers</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-18-17</b>	Payee name <b>Rockie Gilley Campaign [as portion of larger bill held be paying]</b>	
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>door hangers/flyers</b>
Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>1</b>	2 FILER NAME <b>Sandra Lee</b>	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>0.00</b>
---	----------------

5 Date <b>4-12-17</b>	6 Payee name <b>Vista Print</b>
--------------------------	------------------------------------

7 Amount (\$) <b>187.99</b>	8 Payee address; City; State; Zip Code 
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>flyers</b>
---------------------------	---	--

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED