

# 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 Filers)	2 Total pages filed:  <div style="font-size: 2em; text-align: center;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI  <div style="text-align: center; font-size: 1.2em;">Sandra</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX  <div style="text-align: center; font-size: 1.2em;">Lee</div>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 27 2018</div> BY: <u>D. Clarke</u>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>	Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  <div style="text-align: center; font-size: 1.2em;">Richard</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX  <div style="text-align: center; font-size: 1.2em;">Weber</div>	Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>	Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged									
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <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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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">03 / 27 / 2018</td> <td></td> <td style="text-align: center; font-size: 1.2em;">04 / 25 / 2018</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	03 / 27 / 2018		04 / 25 / 2018		
Month    Day    Year	THROUGH	Month    Day    Year									
03 / 27 / 2018		04 / 25 / 2018									
11 ELECTION	ELECTION DATE  Month    Day    Year  <div style="font-size: 1.2em;">05 / 05 / 18</div>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)  <div style="font-size: 1.2em;">Kennedale City Council Place 3</div>	13 OFFICE SOUGHT (if known)									

GO TO PAGE 2

# 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

\$ - 0 -

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

\$ 465.00

EXPENDITURE  
TOTALS

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

\$ 13.24

4. TOTAL POLITICAL EXPENDITURES

\$ 13.24

CONTRIBUTION  
BALANCE

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

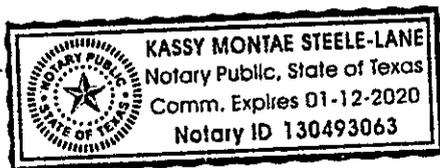
\$ 730.14

OUTSTANDING  
LOAN TOTALS

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

\$ 1101.00

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 Dee Lee, this the 27<sup>th</sup> day of April, 20 18, to certify which, witness my hand and seal of office.

*Kassy Montae Steele-Lane*  
Signature of officer administering oath

Kassy Montae Steele-Lane  
Printed name of officer administering oath

Notary  
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	\$ <i>465.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$

*(This area is intentionally left blank for additional information.)*

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

Sandra Lee

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/18

5 Full name of contributor

John Ray

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

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address; City; State; Zip Code

[Redacted] Kennedale

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/18

Full name of contributor

Samantha Morrow

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[Redacted] Kennedale

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/18

Full name of contributor

Eric Igwe

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[Redacted] Ft Worth

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/18

Full name of contributor

Chijie Crawford

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

Amount of contribution (\$)

\$ 15.00

Contributor address; City; State; Zip Code

[Redacted] Ft. Worth

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

Sandra Lee

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/18

5 Full name of contributor

Mary Ellen Hicks

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

[Redacted] Ft. Worth

8 Principal occupation / Job title (See Instructions)

9 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)

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)

Date

Full name of contributor

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