

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: <div style="font-size: 2em; text-align: center;">6</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <u> </u>	FIRST <u>Sandra</u>	MI <u> </u>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received FILED TARRANT COUNTY 2015 JAN 29 PM 5:44 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY: <u>SKA</u> Date Rec'd-delivered or Postmarked Receipt # <u> </u> Amount <u> </u> Date Processed <u> </u> Date Imaged <u> </u> </div>
	NICKNAME <u> </u>	LAST <u>Lee</u>	SUFFIX <u> </u>	
4 CANDIDATE /	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE	
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <u> </u>	FIRST <u>Joseph</u>	MI <u> </u>	
	NICKNAME <u> </u>	LAST <u>Gaither</u>	SUFFIX <u> </u>	
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	<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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 25 / 14</u> <u>12 / 31 / 14</u>			
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 4 / 2014</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>Justice of the Peace</u> <u>Pct. 7</u>	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sandra Lee 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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2015 JAN 29 PM 5:44
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 157.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 2629.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5258.57

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.

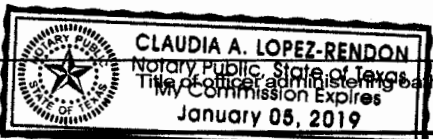
Sandra Lee
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Texas Driver license, this the 29 day of January, 20 15, to certify which, witness my hand and seal of office.

Claudia A. Lopez-Rendon
Signature of officer administering oath

Claudia A. Lopez-Rendon
Printed name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

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 |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made |
| 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.

1 Total pages Schedule F: <i>1</i>	2 FILER NAME <i>Candra Lee</i>	3 ACCOUNT # (Elections Commission) <i>2015 JAN 29 PM 5:45</i>
4 Date <i>10/25/14</i>	5 Payee name <i>Herb Patterson</i>	
6 Amount (\$) <i>700.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Wages</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Contract Labor</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/28/14</i>	Payee name <i>Rebekah Skeete</i>	
Amount (\$) <i>1300.00</i>	Payee address; City; State; Zip Code <i>7019 O'Connor Cir. TX 76002</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Wages</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contract Labor</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
Date <i>11/4/14</i>	Payee name <i>Melinda Hamilton & Family</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Wages</i>	Description (If travel outside of Texas, complete Schedule T) <i>Poll Workers</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
Date <i>11/4/14</i>	Payee name <i>El Arroyo Restaurant</i>	
Amount (\$) <i>272.20</i>	Payee address; City; State; Zip Code <i>Cooper St. Cir. TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>Election Watch Party</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Sandra Lee</i>	3 ACCOUNT (Ethics Commission Filers) BY: <i>FRANK PHILLIPS</i> ELECTIONS ADMINISTRATOR
4 Date <i>12/18/14</i>	5 Payee name <i>Biglots</i>	
6 Amount (\$) <i>\$79.38</i>	7 Payee address; City; State; Zip Code <i>Green Oaks Crt. TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>Gifts to Mission</i>	(b) Description (See instructions regarding type of information required.) <i>Continuation Toy Drive</i>

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 2015 JAN 29 PM 5:45
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K
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TARRANT COUNTY
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FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

BY:

The Instruction Guide explains how to complete this form.

1 Total pages Schedule

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

Tarrant County Democratic Party

10/30/14

6 Address of person from whom amount is received; City; State; Zip Code

2806 Race St.
Ft. Worth TX 76111

Amount
\$ 1500.00

7 Purpose for which amount is received

Refund

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Sandra Lee

2 ACCOUNTS ADMINISTRATOR (Election Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Sandra Lee
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Sandra Lee
 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder