## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N Guide explains how to con	nplete 1 ACCOUNT# (Ethics Commis	ssion filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST Lee  NICKNAME LAST BYWW		SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/	Cuite 165	NNEY STATE.  NNEY STY  O  X 77000  EXTEN	2_ /	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 366-15		\	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME  ACKSO  ACKSO  MS/MRS/MRS/MS/MS/MS/MS/MS/MS/MS/MS/MS/MS/MS/MS/MS		MI SUPPIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS IND PO BOX PLEASES.  HOUS TON T	APTISUITE* CITY: DO TO MAC	<del></del>	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(213) 861 — 1	/// 7	SION	
9 REPORTTYPE			ded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/06		North Day 2/3//	Year / 0 6
11 ELECTION	ELECTION DATE EI Month Day Year	LECTION TYPE Primary Runoff		General Special
12 OFFICE	OFFICE HELD (# any)	13 OFFIC	E SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are cam Candidates are required to disclose this in Name	paign expenditures made by oth nformation only if they receive no	ers without the cand tification of the direc	idate's prior consent or approval. t campaign expenditure
. additional pages	Address / PU 80x; Apil. / Suite #; City:	State: Ztp Code		
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SOFFORT	& IOIAL	3	COVER SHEET PG Z		
15 C/OH NAME			16 ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM POLITICAL	This box is for notice of political expenditures 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(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages	,	COMMITTEE CAMPAIGN TREASURER NAME			
	•	COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED				
•	4. TOTAL	POLITICAL EXPENDITURES	\$2,650.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$50, 253, 27		\$50,253.22		
OUTSTANDING LOANTOTALS	LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-		
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					
Swom to and subscribed before me, by the said Lt. PULKICK BROWN, this the 1914 day of 1914 and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

POLITICAL EXPENDITURES	SCHEDULE F				
	1 Total pages Schedule F:				
The Instruction Guide explains how to complete this form.	i Total pages outselve.				
2 FILER NAME Lee BYOWN	3 ACCOUNT # (Ethics Commission filers)				
4 Date 5 Payee name Public Storage  7/2/06 6 Payee address; City, State, Zip Code  3732 Westheimer  Housto, TX77027	4250,00				
8 Purpose of payment (See instructions regarding type of information required.) 9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Storage of Campaign Material					
8/2/06 Payee address; City, States; Zip Code 3732 Westheimer					
HU45TUN, TX 77027	f direct expenditure to benefit C/OH ••				
Purpose of payment (See instructions regarding type of information required.) Complete in Candidate / Officeholds					
Strage of Campaign Material	Amount				
Payee name  HAYYIS COUNTY Denocratic PAYTY  Payee address; City, State; Zip Code  HOYS N. LUOP #10  HOYS NN, TX 77008					
Complete • Complete	if direct expenditure to benefit C/OH				
Purpose of payment (See Instructions regarding type of the Instruction regarding typ					
Payee name Public Storage  9/02/06 Prayee address; Site: State: Zip Code 3732 Westhermer  Houston, TX77027	Amount (\$)  \$\frac{5}{250},00				
required.)  Candidate / Officehol	e if direct expenditure to benefit C/OH Ider name Office sought Office held				
Storage of Campaign Material					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES	SCHEDULE F				
	1 Total pages Schedule F:				
The INSTRUCTION Quize explains how to complete this form.	1 Total pages constitution				
2 FILER NAME Lee Brown	3 ACCOUNT # (Ethics Commission filers)				
4 Date 5 Payee name  7 Amount (\$)  10/2/06 Payee address; City: State: Zip Code  3732 Westheimer  Howston, TX 22027					
8 Purpose of payment (See instructions regarding type of information required.) 9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held					
Storage OF Campaign Material  Date Payee name Paper House Acros 5 Border, Inc. \$200.00  11/1/02 Payee address: Say: State: Zip Code #DUSTON, TX2700/					
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date Payee name Public Strage  12/2/06 Payee address; City: State; Zip Code  3732 Westherner  Houston, T x 7702	/				
Purpose of payment (See Instructions regarding type of information required.)  STOVAGE OF CAMPA'GN MATERIAL	Complete if direct expenditure to benefit C/OH        Candidate / Officeholder name				
Date Payee name    12/10/06   Payee address; City: State: Zip Code   10, 13 0 x 13/622   Howston, T x 77219					
Purpose of payment (See instructions regarding type of information required.)  Out by by to a	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					