



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Flynn A. Lee

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

.. This listing includes 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 TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | COMMITTEE ADDRESS                    |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

None

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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)

\$ 250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1730.00

OUTSTANDING LOAN TOTALS

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

\$ 8152.64

19 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_

19 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 Schedule A:              |  |
| 2 FILER NAME  |  | 3 ACCOUNT # (Ethics Commission filers) |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC                               | 7 Amount of contribution (\$)          | 8 In-kind contribution description (if applicable) |
| 3/28/00   | Chris Hornsby<br>6 Contributor address; City; State; Zip Code<br>3605 Windhill Rome Rock, TX 78681 | \$100 <sup>00</sup>                    |  |
| 9 Principal occupation                                    |  | 10 Employer (optional)                 |  |
| Date  | Full name of contributor <input type="checkbox"/> out of state PAC                                 | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| 3/27/00   | Brian Robinson<br>Contributor address; City; State; Zip Code<br>4501-A Gladis Lane Austin TX 78744 | \$50 <sup>00</sup>                     |  |
| Principal occupation                                      |  | Employer (optional)                    |  |
| Date  | Full name of contributor <input type="checkbox"/> out of state PAC                                 | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| 3/20/00   | Vernell T. Lee<br>Contributor address; City; State; Zip Code<br>9125 North Plaza #1 Austin TX      | \$50 <sup>00</sup>                     |  |
| Principal occupation                                      |  | Employer (optional)                    |  |
| Date  | Full name of contributor <input type="checkbox"/> out of state PAC                                 | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| 3/16/00   | Anonymous Contributor<br>Contributor address; City; State; Zip Code<br>N/A                         | \$50 <sup>00</sup>                     |  |
| Principal occupation                                      |  | Employer (optional)                    |  |
| Date  | Full name of contributor <input type="checkbox"/> out of state PAC                                 | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
|   |  |  |  |
| Principal occupation                                      |  | Employer (optional)                    |  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$

|   |  |                         |                                       |
|---|--|-------------------------|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out of state PAC | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 7 Pledgor address;      City; State; Zip Code |  |                         |                                       |

10 Principal occupation 11 Employer (optional)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address;      City; State; Zip Code |  |                       |                                     |

Principal occupation Employer (optional)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address;      City; State; Zip Code |  |                       |                                     |

Principal occupation Employer (optional)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address;      City; State; Zip Code |  |                       |                                     |

Principal occupation Employer (optional)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address;      City; State; Zip Code |  |                       |                                     |

Principal occupation Employer (optional)

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

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

11

2 FILER NAME

Flynn A. Lee

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

3/17/2002

7 Name of lender

Flynn A. Lee

out of state PAC

9 Loan Amount (\$)

\$ 840.00

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

P.O. Box 6277 Austin, TX 78722

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|                          |  |  |
|--------------------------|--|--|
| 4 Date                   | 5 Payee name                           | 8 Amount (\$)  |
|                          | 6 Payee address; City; State; Zip Code |  |
| 7 Purpose of expenditure |  | <input type="checkbox"/> Reimbursement from political contributions intended |

|                        |                                      |  |
|------------------------|--------------------------------------|--|
| Date                   | Payee name                           | Amount (\$)  |
|                        | Payee address; City; State; Zip Code |  |
| Purpose of expenditure |                                      | <input type="checkbox"/> Reimbursement from political contributions intended |

|                        |                                      |  |
|------------------------|--------------------------------------|--|
| Date                   | Payee name                           | Amount (\$)  |
|                        | Payee address; City; State; Zip Code |  |
| Purpose of expenditure |                                      | <input type="checkbox"/> Reimbursement from political contributions intended |

|                        |                                      |  |
|------------------------|--------------------------------------|--|
| Date                   | Payee name                           | Amount (\$)  |
|                        | Payee address; City; State; Zip Code |  |
| Purpose of expenditure |                                      | <input type="checkbox"/> Reimbursement from political contributions intended |

|                        |                                      |  |
|------------------------|--------------------------------------|--|
| Date                   | Payee name                           | Amount (\$)  |
|                        | Payee address; City; State; Zip Code |  |
| Purpose of expenditure |                                      | <input type="checkbox"/> Reimbursement from political contributions intended |

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

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# 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 3 ACCOUNT # (Ethics Commission files)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payee name<br>.....<br>6 Payee address;      City; State; Zip Code | 8 Amount (\$) |
|        | 7 Purpose of expenditure   |               |

|      |  |             |
|------|--|-------------|
| Date | Payee name<br>.....<br>Payee address;      City; State; Zip Code | Amount (\$) |
|      | Purpose of expenditure   |             |

|      |  |             |
|------|--|-------------|
| Date | Payee name<br>.....<br>Payee address;      City; State; Zip Code | Amount (\$) |
|      | Purpose of expenditure   |             |

|      |  |             |
|------|--|-------------|
| Date | Payee name<br>.....<br>Payee address;      City; State; Zip Code | Amount (\$) |
|      | Purpose of expenditure   |             |

|      |  |             |
|------|--|-------------|
| Date | Payee name<br>.....<br>Payee address;      City; State; Zip Code | Amount (\$) |
|      | Purpose of expenditure   |             |

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|                     |  |               |
|---------------------|--|---------------|
| 4 Date              | 5 Payor name                           | 8 Amount (\$) |
|                     | 6 Payor address; City; State; Zip Code |               |
| 7 Reason for credit |  |               |

|                   |                                      |             |
|-------------------|--------------------------------------|-------------|
| Date              | Payor name                           | Amount (\$) |
|                   | Payor address; City; State; Zip Code |             |
| Reason for credit |                                      |             |

|                   |                                      |             |
|-------------------|--------------------------------------|-------------|
| Date              | Payor name                           | Amount (\$) |
|                   | Payor address; City; State; Zip Code |             |
| Reason for credit |                                      |             |

|                   |                                      |             |
|-------------------|--------------------------------------|-------------|
| Date              | Payor name                           | Amount (\$) |
|                   | Payor address; City; State; Zip Code |             |
| Reason for credit |                                      |             |

|                   |                                      |             |
|-------------------|--------------------------------------|-------------|
| Date              | Payor name                           | Amount (\$) |
|                   | Payor address; City; State; Zip Code |             |
| Reason for credit |                                      |             |

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

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

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

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.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

**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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Officeholder

# C/OH REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

See C/OH Instruction Booklet for detailed instructions.

\*\* Complete only if "Report Type" on C/OH page 1 is marked "Final Report" \*\*

1 C/OH NAME

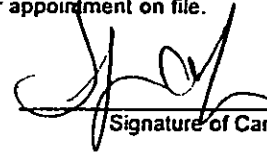
2 ACCOUNT #

Elydd A. Lee

3

## CANDIDATE / OFFICEHOLDER

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.



Signature of Candidate / Officeholder

4

## CANDIDATE

\*\* Complete A &amp; B below only if you are a candidate and 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.

Signature of Candidate

5

## OFFICEHOLDER

\*\* Complete this section only if you are both a candidate and 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.

Signature of Officeholder

# C/OH REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

See C/OH Instruction Booklet for detailed instructions.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT #

3

**CANDIDATE / OFFICEHOLDER**

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.

---

 Signature of Candidate / Officeholder

4

**CANDIDATE**

-- Complete A &amp; B below only if you are a candidate and 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.

---

 Signature of Candidate

5

**OFFICEHOLDER**

-- Complete this section only if you are both a candidate and 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.

---

 Signature of Officeholder