

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Received	
<input type="checkbox"/> Change of address	PO Box 721410 Houston TX 77272	10/26/2015	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
	(832) 779-5716		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	NICKNAME LAST SUFFIX	Date Processed	
	Daniel Albert	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE		
(Resident or business)	12060 Bellaire Blvd G Houston TX 77072		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(832) 779-5716		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	9/25/2015		10/26/2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<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)	
		City Council - District F	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME Steve Le 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$10,000.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$29,427.37
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$6,159.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$53,380.71

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.

Steve Le

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Steve Le		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	10,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	SCHEDULE E: LOANS	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	29,427.37
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0.00
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Steve Le

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)		7 Amount of contributions (\$)
	Minh Le				
	6 Contributor address; City; State; Zip Code				
10/23/2015			Houston TX		\$10,000.00

8 Principal occupation / Job title (See Instructions) business owner	9 Employer (See Instructions) self
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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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Henry Dibrell	
6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Consulting Services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/25/2015	5 Payee name Campaign Crate	
6 Amount (\$) 1,285	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 3R for Dist F/855 households
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/29/2015	5 Payee name NBD Graphics	
6 Amount (\$) 6,560	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense signs/banners
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/3/2015	5 Payee name Tin Ha		
6 Amount (\$) 500	7 Payee address; City; State; Zip Code Houston TX		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense sign installation
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date 10/4/2015	5 Payee name Chet Machen	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Consulting Services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/4/2015	5 Payee name Josh Bullard	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/6/2015	5 Payee name Burt Levine	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/6/2015	5 Payee name Campaign Crate		
6 Amount (\$) 7,678	7 Payee address; City; State; Zip Code Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date 10/11/2015	5 Payee name Campaign Crate	
6 Amount (\$) 3,199.75	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Consulting Services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/11/2015	5 Payee name ABTV	
6 Amount (\$) 60	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 advertising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/13/2015	5 Payee name BYN TV	
6 Amount (\$) 1,180	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense advertising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/14/2015	5 Payee name NBD Graphics		
6 Amount (\$) 405.94	7 Payee address; City; State; Zip Code Houston TX		

8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense printing
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date 10/17/2015	5 Payee name Daniel Albert	
6 Amount (\$) 123	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 web development
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/17/2015	5 Payee name Campaign Crate	
6 Amount (\$) 3,585	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Consulting Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/18/2015	5 Payee name Diep Nguyen	
6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense VAN TV ad
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/19/2015	5 Payee name BYN TV		
6 Amount (\$) 500	7 Payee address; City; State; Zip Code Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense advertising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date 10/19/2015	5 Payee name Tre Magazine	
6 Amount (\$) 150	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 advertising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/20/2015	5 Payee name NTD Public TV	
6 Amount (\$) 1,200	7 Payee address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 advertising
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

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

2 ACCOUNT # (Ethics 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.

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.

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

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	----- NICKNAME	----- LAST	----- SUFFIX
OFFICE USED ONLY			
		Date Received	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY;		STATE; ZIP CODE
			Date Hand-delivered or Date Postmarked
4 REPORT TYPE	<input type="checkbox"/> Annual	<input type="checkbox"/> Final Disposition	Receipt #
			Amount
5 PERIOD COVERED	Month Day Year	Month Day Year	Date Processed
	THROUGH		Date Imaged
6 TOTALS	1 . TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.		\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$

7 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.

Steve Le

Signature Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME ,		9 ACCOUNT # (Ethics Commission filers)
10 Date	11 Payee name ----- 12 Payee address; City; State; Zip Code;	13 Amount (\$)
14 Purpose of expenditure (If travel outside of Texas, complete schedule T) (See Instruction Guide)		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		