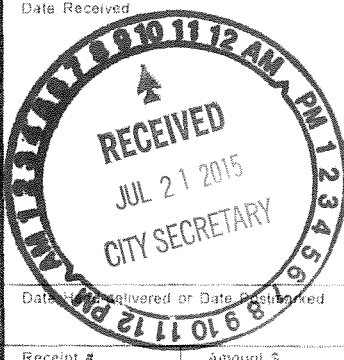


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Dr      Steve NICKNAME      LAST      SUFFIX Le	<b>OFFICE USE ONLY</b> Date Received  Date Delivered or Date Postmarked	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,      APT / SUITE #      CITY,      STATE      ZIP CODE PO Box 721410      Houston      Texas      77272		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 832 )      779 - 5716		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr      Felix NICKNAME      LAST      SUFFIX De Leon	Receipt #      Amount \$ Date Processed Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE),      APT / SUITE #,      CITY,      STATE,      ZIP CODE 6331 Spruce Forest Dr.      Houston Texas      77092		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 832 )      368-5813		
<b>9</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year           Month      Day      Year 01 / 01      2015      THROUGH      06 / 30      2015		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year 11      03      2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) Houston City Council District F	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Steve Le** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

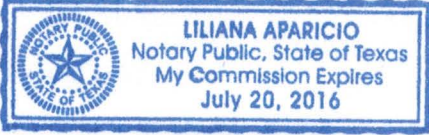
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ 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	\$ 885.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,506.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,049.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76,871.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 15<sup>th</sup> day of July, 2015, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Liliana Aparicio

Printed name of officer administering oath

Notary Public, State of Texas

Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME <p style="text-align: center;">Steve Le</p>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 44,506.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 10,000.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 10,000.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 40,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 26,049.38
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Pham, Trang

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

6 Contributor address;

Houston, TX

City; State; Zip Code

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Pham Law Firm

Date

06/26/2015

Full name of contributor

Pham, Nhan

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

Contributor address;

Alief, TX 77411

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

US Army Veterans

Date

06/26/2015

Full name of contributor

Nguyen, Linh

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

Contributor address;

Houston, TX 77072

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Le, Hoang

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

Contributor address;

Houston, TX 77077

City; State; Zip Code

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Small Business Owner

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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Vo, Van

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

6 Contributor address;

City; State; Zip Code

Fresno, TX 77545

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Self Employed

Date

06/26/2015

Full name of contributor

Le, John

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

Contributor address;

City; State; Zip Code

Houston, TX 77064

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Memorial Hermann

Date

06/26/2015

Full name of contributor

Nuyen, Kim Long

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

Contributor address;

City; State; Zip Code

Cypress, TX 77429

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Thao T.

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

Contributor address;

City; State; Zip Code

Spring, TX 77379

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Temple Tinh Luat

**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 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Van, Philip Tho

6 Contributor address; City; State; Zip Code  
Houston, TX 77025

7 Amount of contribution (\$)  
\$200.00

8 Principal occupation / Job title (See Instructions)  
Engineer

9 Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, To Loan

Contributor address; City; State; Zip Code  
Houston, TX 77094

Amount of contribution (\$)  
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Le, Khanh

Contributor address; City; State; Zip Code  
Houston, TX 77379

Amount of contribution (\$)  
\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pham, Christina

Contributor address; City; State; Zip Code  
Houston, TX 77064

Amount of contribution (\$)  
\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Self Employed

**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 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pham, Khanh Vu  
6 Contributor address; City; State; Zip Code  
Houston, TX 77433

7 Amount of contribution (\$)  
\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tran, Dan  
Contributor address; City; State; Zip Code  
Houston, TX 77031

Amount of contribution (\$)  
\$200.00

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Transco Realty LLC

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dang, Phuoc  
Contributor address; City; State; Zip Code  
Houston, TX 77498

Amount of contribution (\$)  
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Le, Liet  
Contributor address; City; State; Zip Code  
Houston, TX 77007

Amount of contribution (\$)  
\$200.00

Principal occupation / Job title (See Instructions)  
Physician

Employer (See Instructions)  
Self Employed

**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 FILER NAME  
**Steve Le**

3 Filer ID (Ethics Commission Filers)

4 Date  
**06/26/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cawley, Hoang Anh**  
6 Contributor address; City; State; Zip Code  
**Houston, TX 77346**

7 Amount of contribution (\$)  
**\$200.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Huang-Sun, Grace**  
Contributor address; City; State; Zip Code  
**Houston, TX 77257**

Amount of contribution (\$)  
**\$25.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mai, Quang**  
Contributor address; City; State; Zip Code  
**Houston, TX 77064**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)  
**Nail Technician**

Employer (See Instructions)  
**Kelly's Nails**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ngo, Vu**  
Contributor address; City; State; Zip Code  
**Pearland, TX 77584**

Amount of contribution (\$)  
**\$300.00**

Principal occupation / Job title (See Instructions)  
**Engineer**

Employer (See Instructions)  
**Kinder Morgan Inc.**

**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 FILER NAME  
**Steve Le**

3 Filer ID (Ethics Commission Filers)

4 Date  
**06/26/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nguyen, Bang**  
6 Contributor address; City; State; Zip Code  
**Houston, TX 77041**

7 Amount of contribution (\$)  
**\$300.00**

8 Principal occupation / Job title (See Instructions)  
**News Reporter**

9 Employer (See Instructions)  
**VAN TV**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lam, Randy**  
Contributor address; City; State; Zip Code  
**Houston, TX 77099**

Amount of contribution (\$)  
**\$300.00**

Principal occupation / Job title (See Instructions)  
**Small Business Owner**

Employer (See Instructions)

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Le, Phong**  
Contributor address; City; State; Zip Code  
**Houston, TX 77066**

Amount of contribution (\$)  
**\$300.00**

Principal occupation / Job title (See Instructions)  
**Contractor**

Employer (See Instructions)  
**Self Employed**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Truong, Hoang**  
Contributor address; City; State; Zip Code  
**Houston, TX 77084**

Amount of contribution (\$)  
**\$40.00**

Principal occupation / Job title (See Instructions)  
**Retired**

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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nam, Giao</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77072</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Nam Giao Restaurant &amp; Bakery</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vo, Manh</b> Contributor address; City; State; Zip Code <b>Houston, TX 77084</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pham, Hai</b> Contributor address; City; State; Zip Code <b>Houston, TX 77082</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Tina</b> Contributor address; City; State; Zip Code <b>Houston TX 77449</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self Employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME  
**Steve Le**

3 Filer ID (Ethics Commission Filers)

4 Date  
**06/26/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Tran, Robert**

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address; City; State; Zip Code

**Houston, TX 77406**

8 Principal occupation / Job title (See Instructions)  
**Pharmacist**

9 Employer (See Instructions)

Date  
**06/26/2015**

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

**Nguyen, Thanh**

Amount of contribution (\$)

**\$200.00**

Contributor address; City; State; Zip Code

**Katy, TX 77494**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**06/26/2015**

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

**Tran, Thuan**

Amount of contribution (\$)

**\$200.00**

Contributor address; City; State; Zip Code

**Houston, TX 77069**

Principal occupation / Job title (See Instructions)  
**Retired Physician**

Employer (See Instructions)

Date  
**06/26/2015**

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

**Mai, Emily Phuong**

Amount of contribution (\$)

**\$300.00**

Contributor address; City; State; Zip Code

**Humble, TX 77396**

Principal occupation / Job title (See Instructions)  
**Pharmacist**

Employer (See Instructions)  
**MD Pharmacy**

**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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Tri</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77584</b>	7 Amount of contribution (\$)  <b>\$1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Physician</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Allison</b> Contributor address; City; State; Zip Code <b>Houston, TX 77072</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Thong</b> Contributor address; City; State; Zip Code <b>Sugar Land, TX 77478</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Edward</b> Contributor address; City; State; Zip Code <b>Houston, TX 77014</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Self Employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ngo, Ly  
6 Contributor address; City; State; Zip Code  
Spring, TX 77379

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)  
Store Manager

9 Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Huynh, Ann  
Contributor address; City; State; Zip Code  
Houston, TX 77006

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Lashes Technician

Employer (See Instructions)  
Lash by Ann

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, Be  
Contributor address; City; State; Zip Code  
Alief, TX 77411

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Business Partnership

Employer (See Instructions)  
V-N Enterprise Partnership

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dao, Hung  
Contributor address; City; State; Zip Code  
Huntsville, TX 77340

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Physician

Employer (See Instructions)  
UTMB

**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 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pham, Khanh  
6 Contributor address; City; State; Zip Code  
Sugar Land, TX 77478

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)  
Printer

9 Employer (See Instructions)  
KT Printing

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tran, Che Duy  
Contributor address; City; State; Zip Code  
Houston, TX 77099

Amount of contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, Cong Van  
Contributor address; City; State; Zip Code  
Houston, TX 77088

Amount of contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
La, Anthony Anh Huy  
Contributor address; City; State; Zip Code  
Richmond, TX 77407

Amount of contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

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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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tran, Hao</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77072</b>	7 Amount of contribution (\$)  <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		9 Employer (See Instructions) <b>DBA Pacific Multiservices</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Do, Bang</b> Contributor address; City; State; Zip Code <b>Houston, TX 77099</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ngo, Son Van</b> Contributor address; City; State; Zip Code <b>Houston, TX 77036</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Binh Quoc</b> Contributor address; City; State; Zip Code <b>Houston, TX 77043</b>	Amount of contribution (\$)  <b>\$250.00</b>
Principal occupation / Job title (See Instructions) <b>Station Manager</b>		Employer (See Instructions) <b>BYN TV</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Thuan</b> 6 Contributor address; City; State; Zip Code <b>Sugar Land, TX 77498</b>	7 Amount of contribution (\$)  <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions) <b>Pharmacist</b>		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Randy</b> Contributor address; City; State; Zip Code <b>Houston, TX 77065</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Technician</b>		Employer (See Instructions) <b>Airline Auto Part</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bui, Quoc</b> Contributor address; City; State; Zip Code <b>Houston, TX 77084</b>	Amount of contribution (\$)  <b>\$30.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Michael</b> Contributor address; City; State; Zip Code <b>Humble, TX 77396</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Bayou City IT</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Ly, Ngoc

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

7 Amount of contribution (\$)

\$91.00

6 Contributor address;

Houston, TX

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, An

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

Amount of contribution (\$)

\$90.00

Contributor address;

Houston, TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Luong, Binh

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

Amount of contribution (\$)

\$100.00

Contributor address;

Houston, TX 77505

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Ta, Hoang

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

Amount of contribution (\$)

\$100.00

Contributor address;

Houston, TX 77072

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
**Steve Le**

3 Filer ID (Ethics Commission Filers)

4 Date  
**06/26/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Do, David**  
6 Contributor address; City; State; Zip Code  
**Houston, TX 77050**

7 Amount of contribution (\$)  
**\$2,000.00**

8 Principal occupation / Job title (See Instructions)  
**Small Business Owner**

9 Employer (See Instructions)  
**Self Employed**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Le, Tri Minh**  
Contributor address; City; State; Zip Code  
**Kingwood, TX 77339**

Amount of contribution (\$)  
**\$5,000.00**

Principal occupation / Job title (See Instructions)  
**Physician**

Employer (See Instructions)  
**St. Lukes Hospital**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Le, Jennifer Thanh**  
Contributor address; City; State; Zip Code  
**Kingwood, TX 77339**

Amount of contribution (\$)  
**\$5,000.00**

Principal occupation / Job title (See Instructions)  
**Dental Hygenist**

Employer (See Instructions)  
**Self Employed**

Date  
**06/26/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Zacca, Nadim**  
Contributor address; City; State; Zip Code  
**Houston, TX 77005**

Amount of contribution (\$)  
**\$1,000.00**

Principal occupation / Job title (See Instructions)  
**Physician**

Employer (See Instructions)  
**Self Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bobo, Norman  
6 Contributor address; City; State; Zip Code  
Montgomery, TX 773560

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)  
Small Business Owner

9 Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Truong, Lily  
Contributor address; City; State; Zip Code  
Houston, TX 77072

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, Thu  
Contributor address; City; State; Zip Code  
Houston, TX 77064

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Manicurist

Employer (See Instructions)  
Vy Nail & Hair Salon

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Teran, Christopher  
Contributor address; City; State; Zip Code  
Houston, TX 77084

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Herbalist

Employer (See Instructions)  
Xuan Thao Duong

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tran, Ngoc  
6 Contributor address; City; State; Zip Code  
Katy, TX 77494

7 Amount of contribution (\$)  
\$100.00

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vu, Cong  
Contributor address; City; State; Zip Code  
Houston, TX 77065

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tran, Dieu  
Contributor address; City; State; Zip Code  
Houston, TX 77036

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, Hau  
Contributor address; City; State; Zip Code  
Houston, TX 77088

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Manicurist

Employer (See Instructions)  
Vi Nail Salon

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ngo, Khiem</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77498</b>	7 Amount of contribution (\$)  <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hoang, Tommy</b> Contributor address; City; State; Zip Code <b>Sugarland, TX 77478</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Hoang &amp; Assoc</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tran, My</b> Contributor address; City; State; Zip Code <b>Bellaire, TX 77401</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vuong, Nga</b> Contributor address; City; State; Zip Code <b>Sugarland, TX 77478</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Self Employed</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bui, Hai Thi</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77064</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Manager</b>		9 Employer (See Instructions) <b>Bui Washateria</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Hai</b> Contributor address; City; State; Zip Code <b>Richmond, TX 77469</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Jeweler</b>		Employer (See Instructions) <b>Kim Chau Jeweler</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Doan Thanh</b> Contributor address; City; State; Zip Code <b>Houston, TX 77263</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tran, Harry &amp; Helen</b> Contributor address; City; State; Zip Code <b>Houston, TX 77083</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Duoc Phat</b> 6 Contributor address; City; State; Zip Code <b>Sugar Land, TX 77498</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>News editor</b>		9 Employer (See Instructions) <b>The Gioi Magazine</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Annie</b> Contributor address; City; State; Zip Code <b>Houston, TX 77064</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Pharmacist</b>		Employer (See Instructions) <b>CVS</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Hung</b> Contributor address; City; State; Zip Code <b>Houston, TX 77084</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duong, Nhon</b> Contributor address; City; State; Zip Code <b>Houston, TX 77065</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired Engineer</b>		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Doan, Tuong Ky

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

6 Contributor address;

City; State; Zip Code

Sugar Land, TX 77479

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired Engineer

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Ren

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

Contributor address;

City; State; Zip Code

Gainesville, TX 32653

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired Physician

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Charlie

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

Contributor address;

City; State; Zip Code

Stafford, TX 77477

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Shernan, Stephen

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

Contributor address;

City; State; Zip Code

Houston, TX 77072

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self Employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tran, Anna</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77004</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Luc</b> Contributor address; City; State; Zip Code <b>Spring, TX 77379</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer/Writer</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Van</b> Contributor address; City; State; Zip Code <b>Humble, TX 77346</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trinh, Tinh Tien</b> Contributor address; City; State; Zip Code <b>Houston, TX 77062</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Community Organizer</b>		Employer (See Instructions) <b>Self Employed</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date  
06/26/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vuong, David  
6 Contributor address; City; State; Zip Code  
Houston, TX

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nguyen, Nga  
Contributor address; City; State; Zip Code  
Houston, TX

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Manicurist

Employer (See Instructions)  
Self Employed

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Trinh, Kim  
Contributor address; City; State; Zip Code  
Houston, TX

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/26/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pham, Thong  
Contributor address; City; State; Zip Code  
Houston, TX

Amount of contribution (\$)  
\$200.00

Principal occupation / Job title (See Instructions)  
Magazine Editor

Employer (See Instructions)  
Self Employed

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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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mai, Ken</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX 77064</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Sanh</b> Contributor address; City; State; Zip Code <b>Houston, TX 77036</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Thuc</b> Contributor address; City; State; Zip Code <b>Houston, TX 77083</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duong, Thanh</b> Contributor address; City; State; Zip Code <b>Houston, TX 77043</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Nguyen, Nga

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

6 Contributor address;

City; State; Zip Code

Houston, TX 77072

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Thi

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

Contributor address;

City; State; Zip Code

Houston, TX 77072

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Khoa

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

Contributor address;

City; State; Zip Code

Houston, TX

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Loc

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

Contributor address;

City; State; Zip Code

Houston, TX

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Nguyen, Trong

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

7 Amount of contribution (\$)

\$90.00

6 Contributor address;

Houston, TX

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Ngo, Nghia

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

Amount of contribution (\$)

\$100.00

Contributor address;

Houston, TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Luong, Thao

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

Amount of contribution (\$)

\$70.00

Contributor address;

Houston, TX 77505

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Lam, Trung

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

Amount of contribution (\$)

\$100.00

Contributor address;

Houston, TX 77072

City; State; Zip Code

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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Huynh, Linh

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

6 Contributor address;

Houston, TX

City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Ngoc

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Thang

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Quynh

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

Contributor address;

Houston, TX 77074

City; State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

General Dental

**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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Le, Tri

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

6 Contributor address;

Houston, TX

City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Hoi

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

Contributor address;

Houston, TX 77041

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Dinh

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Technician

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Hoang, Lan

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Le, Viem

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

6 Contributor address;

Houston, TX 77083

City; State; Zip Code

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Do, Bang K

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Pham, Thinh

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Huynh, Tam

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$40.00

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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Bich</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX</b>	7 Amount of contribution (\$)  <b>\$80.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pham, Duc</b> Contributor address; City; State; Zip Code <b>Houston, TX</b>	Amount of contribution (\$)  <b>\$40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bui, Dat</b> Contributor address; City; State; Zip Code <b>Pasadena ,TX 77505</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Taylor, James</b> Contributor address; City; State; Zip Code <b>Oklahoma City, OK</b>	Amount of contribution (\$)  <b>\$5,000.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self Employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Le, Dat

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

6 Contributor address;

Houston, TX

City; State; Zip Code

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Ngo, Hien

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

Contributor address;

Houston, TX

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Nguyen, Viet

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

Contributor address;

Houston, TX 77505

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Tran, Khoi

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

Contributor address;

Houston, TX 77072

City; State; Zip Code

Amount of contribution (\$)

\$100.00

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 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

06/26/2015

5 Full name of contributor

Le, Sang

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

6 Contributor address;

City; State; Zip Code

Houston, TX 77477

7 Amount of contribution (\$)

\$60.00

8 Principal occupation / Job title (See Instructions)

Accountant

9 Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Thich, Nguyen Hong

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

Contributor address;

City; State; Zip Code

Houston, TX

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Sangha

Employer (See Instructions)

Buddhist Temple

Date

06/26/2015

Full name of contributor

Pham, Thanh

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

Contributor address;

City; State; Zip Code

Houston, TX 77099

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/26/2015

Full name of contributor

Ta, Sanh

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

Contributor address;

City; State; Zip Code

Houston, TX

Amount of contribution (\$)

\$100.00

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 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/26/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Nghi</b> 6 Contributor address; City; State; Zip Code <b>Houston, TX</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Nhat</b> Contributor address; City; State; Zip Code <b>Houston, TX</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Herbalist</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nguyen, Judy</b> Contributor address; City; State; Zip Code <b>Houston, TX</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Lab Technician</b>		Employer (See Instructions)
Date <b>06/26/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Vui</b> Contributor address; City; State; Zip Code <b>Houston, TX 77062</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date <b>06/26/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pham, Cong</b> 7 Contributor address; City; State; Zip Code <b>Houston, TX</b>	8 Amount of Contribution \$ <b>\$10,000.00</b> 9 In-kind contribution description <b>Hired entertainers for kickoff event</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Small business owner</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self</b>
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>1</b>	
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <b>10,000.00</b>	
5 Date <b>06/26/15</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Minh</b> 7 Pledgor address; City; State; Zip Code <b>Houston, TX</b>	8 Amount of Pledge \$ <b>\$5,000.00</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions) <b>Retired Piping Designer</b>		11 Employer (See Instructions)	
Date <b>06/26/15</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Le, Lisa</b> Pledgor address; City; State; Zip Code <b>Houston, TX</b>	Amount of Pledge \$ <b>\$5,000.00</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	In-kind contribution description
Principal occupation / Job title (See Instructions) <b>Electrical Designer</b>		Employer (See Instructions) <b>Shell Oil</b>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <p style="text-align: center;">Steve Le</p>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 40,000.00
<b>5</b> Date of loan 06/30/15	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steve Le	<b>9</b> Loan Amount (\$) \$40,000.00
<b>6</b> Is lender a financial Institution? Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code Houston, TX	<b>10</b> Interest rate N/A
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Physician		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>02</b>	<b>2</b> FILER NAME <b>Steve Le</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>06/10/15</b>	<b>5</b> Payee name <b>NBD Graphics, Inc.</b>				
<b>6</b> Amount (\$) <b>\$908.48</b>	<b>7</b> Payee address; City; State; Zip Code <b>5502 1st Street, Suite 305 Katy, TX 77493</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Business cards, flyers</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>06/17/15</b>	Payee name <b>NBD Graphics, Inc.</b>				
Amount (\$) <b>\$97.43</b>	Payee address; City; State; Zip Code <b>5502 1st Street, Suite 305 Katy, TX 77493</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing 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 <b>Business cards</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>06/23/15</b>	Payee name <b>NBD Graphics, Inc.</b>				
Amount (\$) <b>\$783.99</b>	Payee address; City; State; Zip Code <b>5502 1st Street, Suite 305 Katy, TX 77493</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing 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 <b>Push cards</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>02</b>	<b>2</b> FILER NAME <b>Steve Le</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/25/15</b>	<b>5</b> Payee name <b>Brillart, Inc.</b>	
<b>6</b> Amount (\$) <b>\$1,200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>10905 Bellaire Blvd. Houston, TX 77072</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Media expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Campaign video</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>06/26/15</b>	Payee name <b>One Media TV</b>	
Amount (\$) <b>\$1,400.00</b>	Payee address; City; State; Zip Code <b>11311 Windy Creek Dr. Pearland, TX 77584</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Media 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 <b>Campaign Kickoff video taping</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>06/30/15</b>	Payee name <b>VAN TC</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>9798 Bellaire Blvd, Suite E Houston, TX 77036</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Media 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 <b>TV Ads</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 01	<b>2</b> FILER NAME Steve Le	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 21,459.48
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<b>5</b> Date of service 06/26/15	<b>6</b> Payee name Kimson Restaurant
--------------------------------------	--

<b>7</b> Amount (\$) \$21,459.48	<b>8</b> Payee address; City; State; Zip Code Houston, TX
-------------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) Kickoff dinner/fundraising	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Restaurant food & services
----------------------------------	---	---

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: <b>0</b>
2 FILER NAME <b>Steve Le</b>	3 Filer ID (Ethics Commission Filers)	

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 0	<b>2</b> FILER NAME Steve Le	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Steve Le</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
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<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule I: <div style="text-align: center; font-size: 1.2em;">0</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">Steve Le</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;      City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.)	<b>(b) Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Steve Le

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received  Check if political contribution returned to filer

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  Check if political contribution returned to filer

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  Check if political contribution returned to filer

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  Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>0</b>
2 FILER NAME <b>Steve Le</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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

Steve Le

2 Filer ID (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.

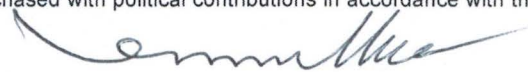
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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