# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

and the second se					والمتحافظ والمتحافظ والمتحا		
The C/OH Instruction G	ulde explains how	to complete this form.	1 Filer I	D (Ethics Co	ommission Filers)	2 Total pages file 21	əd:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MS	First Cheryl		6.034 - ETAL 4	Ē	OFFICE	USE ONLY
NAME	NICKNAME	LAST Lee			SUFFIX	Date Received	2021
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 801 Laure! St		сіту; Bastrop	state; TX	ZIP CODE 78602	03/24/2 4.15F	ons up
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 636-0374		EXTENSIO	NC	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	ms / Mrs / Mr <b>Mrs.</b>	FIRST Sheila		ña	мі	Receipt #	Amount \$
	NICKNAME	LAST			SUFFIX		
	ан 1977 1977 1977 - Алан Тонг	Lowe				Dale Imaged	
7 CAMPAIGN				CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	220 Schae	efer Blvd		Bas	strop	ΤX	78602
(Residence or Business)					•		1
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	8.4,95.4	EXTENSIO	ЭN		Origination of the
PHONE	(512)	297-4732			<i>i</i> th		
9 REPORT TYPE	January 15	30th day befor	re election	Runo	DÎÎ	15th day aft treasurer ap (Officeholder	
	July 15	6th day before	election		oded Modified arting Limit	Final Report	(Atlach C/OH - FR)
10 PERIOD	Month	Day Year			Month	Day Year	
COVERED	01	/ 19 / 2021	THRO	UGH	03 /	22 / 20	)21
11 ELECTION	ELECTION DA Month Day 05 01	TE Year Prima / 2021 2 Gene		noff [	ELECTION TYPE	etronisčina inci	
12 OFFICE	OFFICE HELD (if any)	-		Bastro	op City Co	ouncil Place	4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIO EHOLDER. THESE EXPENDITU AND OFFICEHOLDERS ARE RE	RES MAY HAVE BE	EN MADE W	THOUT THE CAND	WATE'S OR OFFICEHOLI	DER B KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Peges	GENERAL	COMMITTEE ADDRESS				nommeren (†	
		COMMITTEE CAMPAIGN 1	REASURER NAM	IE			
		COMMITTEE CAMPAIGN	TREASURER AD	DRESS			
art e an a		GO T	D PAGE 2	2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Cheryl Lee 16	Filer ID (Ethias Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,778.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,065.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	<sup>AY</sup> \$ 712.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	E \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code	d correct and includes all information
	Signature of Candid	ete or Officeholder
	Signation of Galdid	
	Please complete either option below:	
(1) Affidavit		VICTORIA ANN PSENCIK Notary ID #132927966 My Commission Expires February 16, 2025
NOTARY STAMP/SE		
Sworn to arid subscribe		day of March.
20 <u>2</u> , to certif	y which, witness my hand and seal of office.	Alabara
Signature of officer adminis		Title of officer administering oath
	tering oath Printed name of officer administering oath OR	
(2) Unsworn Declara		
10		
My name is	, and my date of birth is	·
	(street) (city) (state	) (zip code) (country)
Executed in	County, State of, on the day <u>of</u> (month)	, 20 (year)
		Officeholder (Declarant)
		Devised 014710000

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

9	FILER NAME 20 Filer ID (Ethlos Co	ommission Filers)
	Cheryl Lee	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,778.68
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,054.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,724.03
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	instruction Guide explains how to complete this form.		1 Totel pages Schedule A1:
2 Cheryl E. Lee			3 Filer ID (Ethics Commission Filers)
4 Date: 1/31/2021	5 Cheryl Lee   Out-of-state PAC (ID#:		7 Amount of contribution (\$) 26.27
	6 801 Laurel St City; Bastrop State; TX	Zlp Code 78602	
8 Principal occuj	pation / Job title (See Instructions) 9 Emp	loyer (See Instructi	ons)
Date: 2/1/2021	Carole Marmell	)	Amount of contribution (\$) 25.00
	Contributor address; 853 Sayers Road		
	City; Elgin State; TX Zlp Cod	16: 78621	
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructi	ons)
Date: 2/8/2021	Willy Culberson 🗌 out-of-state PAC (ID#:	) <sup>,</sup>	Amount of contribution (\$) 50.00
	Contributor address; 140 Morgan Lane		
	City; Smithville State; Texas Zip Co	ode: 78957	
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructi	lons)
Date: 2/7/2021	Michael Lunday	)	Amount of contribution (\$)50.00
	Contributor address; 6505 South 5th Place		
-	City; Phoenix State; Arizona Zip	Code: 85042	
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction gu		

SCHEDULE A1

If the requested information is not applicable, DO NOT include	this	page in the	e report.
--	------	-------------	-----------

K 4			
The	instruction Guide explains how to complete this t	form.	1 Totel pages Schedule A1:
2 Cheryl E. Lee			3 Filer ID (Ethics Commission Filers)
4 Date: 2/12/2021	5Charlesanne Rabensburg 🗌 out-of-stete PAC (	iD#:)	7 Amount of contribution (\$) 50.00
	6 310 Schaefer Boulevard		
	City; Bastrop State; TX	Zlp Code 76602	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date: 2/12/2021	Grace Pettis	(ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 160-F Pope Bend South		
¥	City; Cedar Creek State; TX	Zip Code: 76612	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date: 2/12/2021	Michele Rutherford Out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 704 Main Street		
	City; Smithville State; Texas	Zlp Code: 78957	
Principal occup	ation / Job title (See instructions)	Employer (See Instruc	tions)
Date: 2/16/2021	Willie Anthony	(10#:)	Amount of contribution (\$)50.00
	Contributor address; 2017 Hat Bender Loop		
	City; Round Rock State; Texa	as Zip Code: 76664	
Principal occup	hation / Job title (See Instructions)	Employer (See Instruc	tions)
	1		
	ATTACH ADDITIONAL COPIES O if contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 Cheryl E. Lee		3 Filer ID (Ethics Commission Filers)		
4 Date: 2/20/2021	5     Mary Ellen Arbuckle     □ out-of-state PAC (ID#:       6     1502 Fayette Street       City; Bastrop     State; TX     Zlp Code 76602	) 7 Amount of contribution (\$) 50.00		
8 Principal occu	pation / Job titla (See instructions) 9 Employer (See in	nstructions)		
Date: 2/23/2021	Anonymous Donor Dout-of-state PAC (ID#: Contributor address; 27 Ross Valley Dr City; San Rafael State; California Zip Code: 94	22		
Principal occup	Detion / Job title (See Instructions) Employer (See In	nstructions)		
Date: 2/28/2021	Linda Neal out-of-stete PAC (ID#: Contributor address; 816 Red River Lane City; Leander State; Texas Zip Code: 78641	) Amount of contribution (\$) 10,00		
Principal occup	Deatlon / Job title (See Instructions) Employer (See Instructions)	nstructions)		
Date: 3/1/2021	Nichole Tips 🗌 out-of-state PAC (ID#: Contributor address; 1703 Marsh Ln City; Carroliton State; Texas Zip Code: 7500	) Amount of contribution (\$)26.27		
Principal occup	Deation / Job Utle (See Instructions) Employer (See Instructions)	nstructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE			
	If contributor is out-of-state PAC, please see instruction guide for addit	ional reporting requirements.		

SCHEDULE A1

If the requested information is not applical	e, DO NOT Include this page in the report.
--	--

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 Cheryl E. Lee		3 Filer ID (Ethics Commission Filers)
4 Date: 3/1/2021	5 Shella Lowe     I out-of-state PAC (ID#:)       6 220 Schaefer Boulevard	7 Amount of contribution (\$) 104.15
3	City; Bastrop State; TX Zip Code 78602	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc-	ctions)
Date: 3/3/2021	Carole Marmell   Out-of-stete PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 853 Sayers Road	
	City; Elgin State; California Zip Code: 78621	
Principal occup	eation / Job title (See instructions) Employer (See instruc	ctions)
Date: 3/3/2021	Tanisha Jenkins 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 245 Still Forest Drive	
	City; Cedar Creek State; Texas Zlp Code: 78612	
Principal occur	bation / Job title (See Instructions) Employer (See Instruc	ctions)
Date: 3/4/2021	Julie Cormie 🗍 out-of-state PAC (ID#:)	Amount of contribution, (\$) 52.23
	Contributor address; 203 Kona Drive	
	City; Bastrop State; Texas Zip Code: 78602	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	t. ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I if contributor is out-of-state PAC, please see instruction guide for additional	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

				the state of the second s
The	Instruction Guide explains how	to complete this	; form.	1 Totel pages Schedule A1:
2 Cheryl E. Lee				3 Filer ID (Ethics Commission Filers)
4 Date: 3/4/2021	<ul><li>5 Travis Carter</li><li>6 319 Zimmerman Avenue</li></ul>	🗌 out-of-stata PAC	; (ID#:)	7 Amount of contribution (\$) 25.00
	City; Bastrop	State; TX	Złp Code 78602	
8 Principel occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date: 3/10/2021	Lisa Richardsón	🗌 out-of-state PAC	) (ID#:)	Amount of contribution (\$) 26.27
	Contributor address; 1507 Water	Street		
	City; Bastrop	State; TX	Zip Code: 78602	9 2
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date: 3/15/2021	Kara Sheenan	🔲 out-ot-state PAC	) (ID#:)	Amount of contribution (\$) 35.00
	Contributor address; 2617 Sands	stone Drive		
	City; Dallas	State; Texa	s Zip Code: 75227	
Principal occup	eation / Job title (See Instructions)	sin ninte mae S	Employer (See Instruc	stions)
Date: 3/16/2021	Rico Reyes	🗋 out-of-state PAC	C (ID#;)	Amount of contribution (\$) 100.00
	Contributor address; 1901 Cister	n Cove		
¥.	City; Pfiugervi∥e	State; Te	xas Zip Code: 78660	÷.
Principal occup	eation / Job title (See Instructions)	11111111111111111111111111111111111111	Employer (See Instruc	l Xlons)
	8			
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	if contributor is out-of-state PAC	C, please see instr	uction guide for additional	reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

and the second s				The second se
The	Instruction Guide explains how	to complete this	form.	1 Totel pages Schedule A1:
2 Cheryl E. Lee	s			3 Filer ID (Ethics Commission Filers)
4 Date: 3/16/2021	5 Robin Rieck	Out-of-state PAC	: (ID#:)	7 Amount of contribution (\$) 104.15
	6 131 Live Oak Dr			
	City; Cedar Creek	State; TX	Zip Code 78612	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date: 3/20/2021	Ryan Haney	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 2617 Sands	stone Dr		
	City; Dallas	Stete; TX	Zip Code: 75227	6
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date: 3/1/2021	Cynthia Sanders	🗍 out-of-state PAC	: (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; (Deposited C	Check)		
	City; Bastrop	State; Texas	s Zip Code: 78602	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	Nons)
Date: NA	NA	🗍 out-of-siele PAC	; (ID#:)	Amount of contribution (\$) NA
	Contributor address; NA			
	City; NA	State; NA	A Zip Code: NA	
Principal occup	bation / Job title (See Instructions)	۹	Employer (See Instruc	l xtions)
	annanna ann an ann an an an an an			
	*		9	2
	ATTACH ADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS I uction guide for additional	

NON-MONETARY	(IN-KIND)	POLITICAL
CONTRIBUTIONS		

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

		erine eri
Tł	ne instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAM	Ε	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	Amount of     S in-kind contribution     Contribution     I description
	7 Contributor address; City; State;	Zip Code
10 Principal occ	L cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	• 
Date	Full name of contributor	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code
Principal occ	t cupation / Job title (FOR NON-JUDICIAL) (See instructions)	
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributors	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	20	
	i i	
te	ATTACHADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see instruct	

### PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Totel pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor C out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Piedge \$ description
7 Pledgor address; City; State; Zip Code	
	I. Check if travel outside of Taxes. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)         11 Employer (See	Contraction fails and the second se
Date Full name of pledgor  out-of-state PAC (ID#;)	Amount In-kind contribution of Piedge \$ description
Pledgor address; City; State; Zip Code	
	Check if travel outside of Texes. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	instructions)
Date Full name of pledgor 🗌 out-of-state PAC (D#:)	Amount of In-kind contribution Piedge \$ I description
Pledgor address; City; State; Zip Code	
	Check if travel outside of Texes. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of pledgor [] out-of-state PAC (ID#:)	Amount of In-kind contribution Piedge \$ I description
Pledgor address; City; State; Zip Code	
	Check If travel outside of Texes. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer (See	hetructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide for	-

LOAN	S
------	---

#### SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	The l	Instruction Guide explains how to comple	te this form.	1 Totel peges Schedule E:		
2	FILER NAME	en e		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS		\$		
5	Date of loan		AC (ID#: }	9 Loan Amount (\$)		
2.200	ls lender a financial Institution?	8 Lender address; City;	State; Zlp Code	10 Interest rate 11 Maturity date		
	ΥN			-		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal fund account (See Instruction	is ware deposited into political ons)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
	Date of loan		PAC (ID#:)	Loan Amount (\$)		
	ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
	YN			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
	GUARANTOR INFORMATION	Name of guarantor	1 1 1 # 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Amount Guaranteed (\$)		
		Guarantor address; City;	State; Złp Code			
	not applicable	2 <sup></sup>	<b>4</b>			
	Principal Occupat	lon (See Instructiona)	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 MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Constitutions/Donations Made B Candidate/Officeholder/Politice Credit Card Payment		Event Expense Feeg Food/Bevarage Expense Off/Awards/Marnortels Expense Legal Services The Instruction Guide explaine	Loan Rapsyment/Reffburger Office Overhead/Rental Exper Poling Expense Printing Expense Selartes/Wages/Contract Lab how to complete this for	nse Transportation Equ Travel In District Travel Out of Dist or Other (enter a cate	ilpment & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME		3 Filer ID (Eth	ics Commission Filera)
4 Date	5 Payee n	ame	105 - 1		3076-13
6 Amount (\$)	7 Рауее а	ddress;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Calegories listed at the top of this e	chedule) (b) Description	00	#.
	(c)	Check if travel outside of Texes. Complete Sc	hedule T. Check	k If Austin, TX, officeholder liv	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	Office sou	ight	Office held
Date	Payee n	ame		B   25 - 3844	
Amount (\$)	Payee a	ddress;	Cłty;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Calegories listed at the top of this so	hedule) Descriptio	DN	
		Check If travel outside of Taxas. Complete Sci	hedulie T. Check	k If Auslin, TX, officeholder livi	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	Office sou	ght	Office held
Date	Payee n	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Celegories listed at the top of this so	hedule) Descriptio	Dn .	
		Check it bavel outside of Texas. Complete Sci	nedule T. Check	lf Austin, TX, officeholder live	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name	Office sou	ught	Office held
	FA	TACH ADDITIONAL COPIES	OF THIS SCHEDULE A	SNEEDED	

### UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politice		Event Expense Fees Food/Beverson Expense Gitt/Awerds/Memoriels Expense Legel Services The Instruction Guide exp	Office Over Poling Exp Printing Exp Salartes/W	oense ages/Contract Labor	Solicitettor/Fundralsing Transportation Equipme Travel in District Travel Out Of District Other (enter a category	nt & Related Expense
1 Total pages Schedule F2:	2 FILER	NAME		and a	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	lized un	PAID INCURRED OF	BLIGATION	3	\$	
5 Date	6 Payee	namə				
7 Amount (\$)	<b>8</b> Payee	address;		City;	State;	Zlp Code
9 TYPE OF EXPENDITURE	· []	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top o	of this schedule)	(b) Description		
	(c)	Check If travel outside of Texas. Comp	iele Schedule T.	Check If Aus	tin, TX, officeholder living ex	pənsə
<b>11</b> Complete <u>ONLY</u> If direct expenditure to benefit C/Oł		didate / Officeholder name	0	ffice sought	Office hel	d
Date	Раусе	name	0 <i>1</i> 04		1 - Antonio - Co	
Amount (\$)	Рауее	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		<sup>2</sup> olitical	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	Y (See Calegories listed at the top	of this schedule)	Description		
		Check II travel outside of Texas. Con	piele Schedule T.	Check if Au	istin, TX, officeholder living (	axpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder name	o o	ffice sought	Office hel	d
		and an				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.							
-	יד	ne instruction Guide explains how to complete this form.	1 Totel pages Schedule F3:				
2	FILER NAME		3	FRer ID	(Ethics Com	nission Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom Investment is purchased; City			Stato;	Zip Cod	de
		7 Description of Investment				27	
		8 Amount of Investment (\$)					
	Date	Name of person from whom investment is purchased				~	
		Address of person from whom Investment is purchased; City		•••••	Slate;	Zlp Cod	le
10		Description of Investment					
		Amount of investment (\$)				14.04. fr - 11	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	S NEED	ED		
-		Forces Filing Operations					1 0/47/0000

Forms provided by Texas Ethics Commission

4

EXPENDITUR	RES M/	ADE BY	CRED	T CA	RD		SCHE	DULE <b>F4</b>
If the requested Inform	If the requested information is not applicable, DO NOT include this page in the report.							
		EXPEND	ITURE CATE	GORIES	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage E Gitt/Awards/Ment Legal Services The Instructi	nortals Expense	Office Ov Poling E Printing E Salaries/		Trans Trave Trave	i in District I Out Of District	nent & Related Expense
1 Totel pages Schedule F4:	2 FILER	AME				3 Filer	D (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	S CHARGE	DTOACI	REDITCARD	\$		200-000
5 Date	6 Payee r	iame	2	***		I	anaalaanti ku k	
7 Amount (\$)	8 Payee :	address;			City;	ě.	State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-P	olitical			ar China an Iona a
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories I	isted at the top of th	la schodulo)	(b) Description			
-	(c)	Check if travel outst	de of Texas, Complet	e Schedule T.	Check If Au	ustin, TX, o	fficeholder living	expense
<b>11</b> Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Can	lidate / Officeh	older name	(	Office sought		Office h	əld
Date	Payee	name		ann - E successer - 1	enerer a de			
Amount (\$)	Рауее	address;	æ		City;		Støte;	Zip Code
TYPE OF EXPENDITURE		 Political	183 	Non-F	Political			
PURPOSE OF EXPENDITURE	Categor	Y (See Celegories	listed at the top of th	nia schedule)	Description			
		Checkiltravelouis	ide of Texas. Comple	le Schedule T.	Check If A	ustin, TX, c	officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officer	nolder name		Office sought		Office h	əld
	(4)		127 148 228.51					
	ΑΤΤΑΟ		AL COPIES	OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

 $\sim 2$ 

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

if the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting Banking Consulting Bromse Contributions/Dometions Made Candidate/Officeholder/Politik Credit Card Payment	Fees Food/Beverage Expense By Gitt/Awards/Mamortala Expense	Loan Repayment/Retroburgement Office Overhead/Rentel Expense Poling Expense Printing Expense Selarles/Wages/Contract Labor how to complete thile form.	Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Cheryl Lee		3 Filer ID (Ethios Commission Filers)		
4 Dates:	5 Payee name	an and the second se			
2/10 3/4 and 3/23 2021	Zippity Print		*		
6 Amount (\$) 1,646.63	7 Payee address;	City;	State; Zip Code		
Reinbursement from political contributions Intended	1600 E 23rd St	Clevelan	id Ohlo 44114		
8 PURPOSE	(2) Catagory (See Catagories listed at the top of this sch	adule) (b) Description			
OF	Advertising Expense	Yard Signs, Do	oor Hangers, Banners, Car Magnet <del>s</del>		
	(c) Check Il travel outside of Texas, Complete Scher	sule T. Check If Austin	n, TX, officeholder iMng expense		
9	Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Charyl Lee	Bastrop City Count	cli Piace 4 NA		
Date	Рауве пате	• •			
3/2/2021	Sign and Banner Texas				
Amount (\$) 313.93	Payee address;	City;	State; Zlp Code		
Reinbursement from political contributions intended	1103 Main Street	Bastrop	Төхав 78602		
nunnaar	Category (See Categories listed at the top of this sch	edule) Description	1		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Decals			
	Check If bavel outside of Texas. Complete Sche	dule T. Check If Austin	n, TX, officeholder living expense		
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/	OH Cheryl Lee	Bastrop City Counc	II Place 4 NA		
Date	Payee name	8			
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description			
	Check if travel outside of Texas. Complete Scher	dule T. Check If Austin	a, TX, officeholder living expanse		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED		

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Impense AccountingBenking Consulting Expense ContributionsDonetions Made Candidate/Officehoider/Politi Dredit Cart Psyment		EventExpense Fees Food/BeverageExpense GltVAwarda/MemorialsExpens LegalServices The Instruction Guide ex	Office O Polling E Re Printing I Salarles/	Expense Wages/Contract Labor	Solicitation/Fundrates Transportedion Equip Travel in District Travel Out Of Distric Other (enter & catego	ment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME		ī.	3 Filer ID (Ethic	Commission Filers)
4 Date	5 Business	name	- the same distance			
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Calegories listed at the top of		(b) Description	i)	
		Theck if travel outside of Taxas. Comp	lete Schedule T.		n, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zlp Code
PURPOSE OF EXPENDITURE	Category	(See Calegories Ested at the top of	this schedule)	Description		
		check if traveloutside of Texes. Compl	ete Schedule T.	Check if Austin	n, TX, officeholder living o	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	- 4. <b>.</b>	Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Celegories Baled at the top o	f this schedule)	Description	3	
		Zheck if traveloutside of Texas. Comp	lete Schedule T.	Check if Auslin	n, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/C		ate / Officeholder name	Alegioritan et Sar	Office sought	e north de son à la calabier	Office held
	ATT	ACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEE	DED	

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

If the requested information is not applicable, DO NOT include this page in the report.

	The instruction Guide explains how to cor	plete this form.	171	
Totel pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics C	ommission Filers
4 Date	5 Payee name	Reference and a management of the		
3 Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instruction (See instruction))	tions regarding type o	f information
Date	Payee name		2 (3.10) and 2 (3.10) and 3 (3.	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructive required.)	blons regarding lype o	f information
Date	Payee name		40) 40)	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Calagory (See Instructions for examples of acceptable categories.)	Description (See Instruc required.)	bons regarding type o	f Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Złp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instruc required.)	dions regarding type o	I Information
No For Charles and	ATTACH ADDITIONAL COPIES OF THIS			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER SCHEDULE K If the requested information is not applicable, DO NOT include this page in the report.							
The instruction Guide explains how to complete this form.							
2 FILER NAME	1997 - 19	3 Filer ID (Ethics	s Commission Filers)				
4 Date	5 Name of person from whom amount is received	0	8 Amount (\$)				
(*) +1	6 Address of person from whom amount is received; City; Sta	ite; Zip Code					
	7 Purpose for which amount is received Check if	political contribution	returned to Ner				
Date	Name of person from whom amount is received		Amount (\$)				
11	Address of person from whom amount is received; City; St	ate; 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 (\$)				
19	Address of person from whom amount is received; City; Sta	ate; Zlp 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; St	ate; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
orms provided by	Texas Ethics Commission www.ethics.state.tx.us		Revised 8/17/2020				

www.einics.state.tx.us

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS	
if the requested information is not applicable, DO NOT include this page in the report.	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Piedgor / Payee	
5 Contribution / Expenditure reported on:	
	lule C2 Schedule D Schedule F1
Schedule F2 Schedule F4 Schedule G Sched	lule H Schedule COH-UC 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:	
Schedule A2 Schedule B Schedule B(J) Sched	tule C2 🔲 Schedule D 🔄 Schedule F1
Schedule F2 Schedule F4 Schedule G Sched	lule H Schedule COH-UC 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 / Piedgor / Payee	
Contribution / Expenditure reported on:	
Schedule A2 Schedule B Schedule B(J) Schedule	C2 Schedule D Schedule F1
Schedule F2 Schedule F4 Schedule G Schedule	H Schedule COH-UC 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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Forms provided by Texas Ethics Commission

Revised 8/17/2020

3t