# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Guide explains ho	w to complete					
· Garao explaine ne	w to complete	this form	1 Filer I	D(Ethics Cor	mmission filers)	2 Total pages filed
MS/MRS/MR	FIRST	•	MI		OFF	ICE USE ONLY
Dr.	Stev	ve			Date Receive	d
NICKNAME	LAST		SUFFIX		10/2/2015	
	Le					
ADDRESS / PO BOX;	APT/S	SUITE #; CIT	Y; STATE;	ZIP CODE	1	
P.O. Box 72141	0					
					Date Hand-delive	red or Date Postmarked
Houston TX 77	272					
					4	
AREA CODE	PHON	E NUMBER	EXTENSI	ON		
(832) 779-5716						
MS/MRS/MR	FIRST	-	MI		Receipt #	Amount
	Feli	x			Date Process	ed
NICKNAME	LAST		SUFFIX		Date Imaged	
	De	Leon				
STREET ADDRESS (No	PO Box Please);		APT/SUI	TE # ;	CITY; STATE;	ZIP CODE
6331 Spruce Fo	rest Dr.					
Houston TX 77	7092					
AREA CODE	PHON	E NUMBER	EXTENSI	ON		
(832) 368-5813						
January 15 X	30th day before elec	ction Fin	al repport (Attach	n C/OH - FR)	Exceeded \$500 limit	
				_		
July 15	8th day before elect	ion Ru	noff		15th day after campaig	n treasurer appointment(officeholder only)
Month	Day Yea	r			Month	Day Year
7	/1/2015		THROUG	н	9/2	4/2015
ELECTION	DATE	ELECTIO	N TYPE			
Month Day	Year					
11/3/2015		Primary	Ш	Runoff	X General	Special
OFFICE HELD (if any)			13	3 OFFICE SOL	UGHT (if known)	
	Dr. NICKNAME  ADDRESS / PO BOX; P.O. Box 72141  Houston TX 77  AREA CODE (832) 779-5716  MS/MRS/MR  NICKNAME  STREET ADDRESS (No 6331 Spruce For Houston TX 77  AREA CODE (832) 368-5813  January 15  Month  7  ELECTION Month Day 11/3/2015	Dr. Stevinickname Last  Le  Address / Po Box; APT/S  P.O. Box 721410  Houston TX 77272  AREA CODE PHON  (832) 779-5716  MS/MRS/MR FIRST  Feli  NICKNAME LAST  De STREET ADDRESS (No PO Box Please);  6331 Spruce Forest Dr.  Houston TX 77092  AREA CODE PHON  (832) 368-5813  January 15 X 30th day before elect  Month Day Year  7/1/2015  ELECTION DATE  Month Day Year  11/3/2015	Dr. Steve  NICKNAME LAST  Le  ADDRESS / PO BOX; APT/SUITE #; CIT'  P.O. Box 721410  Houston TX 77272  AREA CODE PHONE NUMBER  (832) 779-5716  MS/MRS/MR FIRST  Felix  NICKNAME LAST  De Leon  STREET ADDRESS (No PO Box Please);  6331 Spruce Forest Dr.  Houston TX 77092  AREA CODE PHONE NUMBER  (832) 368-5813   January 15 X 30th day before election Fin Month Day Year  7/1/2015  ELECTION DATE ELECTION  Month Day Year  11/3/2015  Primary	Dr. Steve  NICKNAME LAST SUFFIX  Le  ADDRESS / PO BOX; APT/SUITE #; CITY; STATE;  P.O. Box 721410  Houston TX 77272  AREA CODE PHONE NUMBER EXTENSI  (832) 779-5716  MS/MRS/MR FIRST MI  Felix  NICKNAME LAST SUFFIX  De Leon  STREET ADDRESS (No PO Box Please); APT/SUIT  6331 Spruce Forest Dr.  Houston TX 77092  AREA CODE PHONE NUMBER EXTENSI  (832) 368-5813  January 15 X 30th day before election Final repport (Attact  July 15 Bth day before election Runoff  Month Day Year  7/1/2015 THROUG  ELECTION DATE ELECTION TYPE  Month Day Year  11/3/2015	Dr. Steve  NICKNAME LAST SUFFIX  Le  ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE  P.O. Box 721410  Houston TX 77272  AREA CODE PHONE NUMBER EXTENSION  (832) 779-5716  MS/MRS/MR FIRST MI  Felix  NICKNAME LAST SUFFIX  De Leon  STREET ADDRESS (No PO Box Please); APT/SUITE #;  6331 Spruce Forest Dr.  Houston TX 77092  AREA CODE PHONE NUMBER EXTENSION  (832) 368-5813  January 15 X 30th day before election Final repport (Attach C/OH - FR)  July 15 Sth day before election Runoff  Month Day Year  7/1/2015 THROUGH  ELECTION DATE ELECTION TYPE  Month Day Year  11/3/2015  Primary Runoff	Dr. Steve    Date Receive

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 FILER NAME Steve	Le		15 Filer ID (	Ethics Commission Filers)
	expenditures may have			ittees to support the candidate / officeholder. These didates and officeholders are required to report this
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM				
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
□. 1.861		COMMITTEE CAMPAIGN TREASURER ADDRE	- 99	
additional pages		OOMINITTEE GAMII AIGIN TREAGONER ABBRE	.00	
17 CONTRIBUTION	1 TOTAL POLITIC	<u> </u> AL CONTRIBUTIONS OF \$50 OR LE	SS (OTHER THAN	
TOTALS		NS, OR GUARANTEES OF LOANS),		\$0.00
	2 TOTAL POLITION	AL CONTRIBUTIONS		
	_			\$9,272.91
	·	PLEDGES, LOANS, OR GUARANTEE		
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LE	SS, UNLESS ITEMIZE	ED \$0.00
TOTALS				ψο.σσ
	4 TOTAL POLITIO	AL EXPENDITURES		\$58,963.29
				\$30,903.29
CONTRIBUTION	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY	
BALANCE	OF REFORMING	T LINOB		\$23,031.95
OUTSTANDING LOAN	0	AL AMOUNT OF ALL OUTSTANDING	G LOANS AS OF THE	
TOTALS	LAST DAT OF T	HE REPORTING PERIOD		\$53,380.71
18 AFFIDAVIT				
		report is	true and correct and in	y of perjury, that the accompanying acludes all information required to be
		reported	by me under Title 15,	Election Code.
				Steve Le
			Ciana atuma af	
AFFIX NOT OTAMB / OF			Signature of	Candidate or Officeholder
AFFIX NOT STAMP / SE				
	-	J		
of	, 20	, to certify which, witness	my hand and seal of c	iffice.
Signature of officer admi	nistering oath	Print name of officer administe	ring oath	Title of officer administering oath

#### **SUBTOTALS - COH** FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Steve Le 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 9273 1 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$0 2 SCHEDULE B: PLEDGED CONTRIBUTIONS \$0 3 SCHEDULE E: LOANS 4 \$ 13381 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5 \$ 58963 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6 \$0 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS \$0 8 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$0 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 9 \$0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 10 \$0 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 0

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

FORM C/OH ADDENDUM

C/OH NAME Steve Le

ACCOUNT # (Ethics Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

The	e Instruction	Guide explains how to complete	this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Steve Le			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Steve Moore	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	e
	8/13/2015		Houston	TX	\$1,939.04
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Inst	tructions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Quoc Van Huynh			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	e
	8/13/2015		Houston	TX	\$23.87
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Inst	tructions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Jim Taylor	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	e
	8/22/2015		Oklahoma City	OK	\$2,000.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Inst	tructions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Dede Nguyen	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	e e
	9/4/2015		Houston	TX	\$2,000.00
8	Dringinglas	ccupation / Job title (See Instructions)		9 Employer (See Inst	tructions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction (	Guide explains how to comple		1 Total Pages Schedule A1:	
2 F	ILER NAME	Steve Le	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor  Hac Nguyen	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code	500
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Vu Phung	out of state R	PAC(ID# )	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX	1000
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor  Soren Valverde	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code	60
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Bryan Chu	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	9/19/215	6 Contributor address;	City; Houston	State; Zip Code	1000
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	

M	ONETAR	RY POLITICAL CONT	RIBUTION	IS			SCHEDULE A1
Th	ne Instruction Guide explains how to complete this form.					1 To	otal Pages Schedule A1:
2 I	FILER NAME	Steve Le				3 Filer II	D (Ethics Commission filers)
		IEC Texas Gulf Coast PAC	1			7	Amount of contributions (\$)
		6 Contributor address;	City;	State;	Zip Code		
	9/24/2015		Houston	TX			500.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employ	er (See Instruc	etions)	
4	Date	5 Full name of contributor	out of state	PAC(ID# )			A
		Houston Westside PAC				/	Amount of contributions (\$)
		6 Contributor address;	City;	State;	Zip Code		
	9/24/2015		Houston	TX 7724	2		250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employ	er (See Instruc	tions)	
		ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDUL	E AS N	EEDED
		If contributor is out-of-state P	AC please see in	struction au	ide for additio	nal reno	rting requirements

LC	ANS						SCHEDULE E
	The	Instruction Guide explains how	v to complete this	form.		1	Total Pages Schedule E:
2 FI	FILER NAME Steve Le					3	Filer ID (Ethics Commission filers)
4	TOTAL (	OF UNITEMIZED LOANS:	=> => => =	=> => =	>		13,380.71
5	Date of loan	7 Name of lender	out of state PAC(II	D# )			
		Steve Le	_			9	Loan Amount (\$)
	7/5/2015						13,380.71
6	Is Lender a	8 Lender Address;	City;	State;	Zip Code	10	Interest rate
	Financial		Houston	TX			0.00%
	Institution?					11	Maturity date
	No						
12	Principal occu	upation / Job title (See Instruc	tions)	13 Empl	loyer (See Instr	uctio	ns)
	Physician			self			
14	Description o	f collateral		15	Check if perso (See instruction		unds were deposited into political account
	none				- (Gee mandon)	)   	
16	GUARANTOR	17 Name of guarantor		•		19	Amount Guaranteed (\$)
	INFORMATION						
		18 Guarantor address;	City;	State;	Zip Code	1	
	not applicable						
20	Principal Occu	pation		21 Emp	loyer	1	
		ATTACH ADDITION	AL COPIES OF	THIS SC	HEDULE AS	S NE	EDED
		If lender is out-of-state PAC, plo	ease see instruction	guide for	additional rep	ortin	g requirements

I IXOM I OLITIOAL	0011111110	
	The Instruction Guide ex	xplains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/5/2015	Burt Levine	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
500		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Consulting Services
	Correction of Experies	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
	Steve Le	City Council - District F
4 Date	5 Payee name	
7/14/2015	NBD Graphics	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,363.18		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Printing Expense	buckslips and banners
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
oxportations to portain 6/6/1	Steve Le	City Council - District F
	Olovo Eo	Only Council District I
4 Date	5 Payee name	
7/16/2015	NBD Graphics	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,421		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Coroplast Signs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Steve Le City Council - District F 4 Date 5 Payee name 7/23/2015 Cassandra Nguyen 7 Payee address; 6 Amount (\$) Zip Code City; State; 500 Houston TX 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Monthly fee Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

City Council - District F

Steve Le

I IXOM I OLITIOAL	90111111B0110110	
	The Instruction Guide	explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/9/2015	Clearbags	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
245		
	Houston TX	
8 PURPOSE OF EXPENDITURE		(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Advertising Expense	bags
	Advertising Expense	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
	Steve Le	City Council - District F
4 Date	5 Payee name	
7/31/2015	Henry Dibrell	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,000		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	Consulting Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experialturee to beliefit C/OH	Ctove Le	City Council Dictrict F
	Steve Le	City Council - District F
4 Date	5 Payee name	
8/9/2015	House of Magnets	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,008.95		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Steve Le City Council - District F 4 Date 5 Payee name 8/30/2015 Campaign Crate 7 Payee address; 6 Amount (\$) Zip Code City; State; 3,200 Houston TX 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense advertising Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

City Council - District F

Steve Le

	The Instruction Guide	xplains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	5 . no. 15 (2.1100 00111111010)
8/30/2015	Campaign Crate	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,200		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Advertising Expense	advertising
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Steve Le	City Council - District F
4 Date	5 Payee name	
8/23/2015	NBD Graphics	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,272		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Printing Expense	coroplast signs and Tshirts
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experialitatee to beliefit 6/011	Steve Le	City Council - District F
	Sieve Le	City Council - District F
4 Date	5 Payee name	
8/30/2015	Campaign Crate	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
10,243.32		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense advertising 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Steve Le City Council - District F 4 Date 5 Payee name 8/30/2015 Henry Dibrell 7 Payee address; 6 Amount (\$) Zip Code City; State; 1,000 Houston TX 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Services Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

City Council - District F

Steve Le

I IXOM I OLITIOAL	001111111111111111111111111111111111111	
	The Instruction Guide ex	xplains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/17/2015	VNCH	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
520		
	Houston TX	
8 PURPOSE OF EXPENDITURE		(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Frant France	summer festival sponsorship
	Event Expense	Summer resultar sponsorship
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
	Steve Le	City Council - District F
4 Date	5 Payee name	
8/4/2015	Campaign Crate	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
3,900		
0,000		
	Houston TX	
8 PURPOSE OF EXPENDITURE		(b) Description
O TORTOGE OF EXPENDITORE	(a) Category	Check if travel outside of Texas, complete Schedule T
		H
		Check if Austin, TX, officeholder living expense
	Advertising Expense	advertising
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH	Candidate / Officerioder frame	office sought office field
	Steve Le	City Council - District F
4 Date	5 Payee name	
8/5/2015	Nam Nguyen	Chata. 7in Code
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,300		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Sound System Rental **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Steve Le City Council - District F 4 Date 5 Payee name 8/6/2015 Cassandra Nguyen **6** Amount (\$) 7 Payee address; Zip Code City; State; 500 Houston TX (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Services Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I Itolii i OLIIIOAL	CONTINIDONIONO		
	The Instruction Guide exp	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/9/2015	Sam's Club		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
115			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	
	Event Expense	water sponsorship t	
	Lvent Expense	water openiorism t	
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
8/9/2015	Burt Levine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
559		, ,	
303			
	Houston TX		
8 PURPOSE OF EXPENDITURE		(b) Description	
6 FURFUSE OF EXPENDITURE	(a) Calegory		
		Check if travel outside of Te.	•
		Check if Austin, TX, officeho	
	Consulting Expense	Consulting Services	5
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH	Candidate / Officerioder flame	nice sought of	nce nelu
4 Date	5 Payee name		
8/9/2015	NationBuilder	Chata: 7ia Cada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
150			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense NationBuilder Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/16/2015 **FFDV** 7 Payee address; 6 Amount (\$) Zip Code City; State; 1,200 Houston TX (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Dap Loi Song Nui/FFDV Sponsorship **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this forn	n.
1 Total pages Schedule F1:	2 FILER NAME Steve Le	Piano non to complete una lom	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		1
8/17/2015	Campaign Crate		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,400		· '	
1,400			
	Houston TX		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(1,7)	Check if travel outside of To	exas. complete Schedule T
		Check if Austin, TX, officeh	
	Consulting Expense	Consulting Service	
	Consulting Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/17/2015	Campaign Crate		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,400			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Consulting Expense	advertising	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
8/25/2015 <b>6</b> Amount (\$)	Van TV 7 Payee address; City;	State; Zip Code	
	rayee address, City,	State, Zip Code	
500			
	Houston TV		
8 PURPOSE OF EXPENDITURE	Houston TX	(b) Description	
O I ON OSE OF EXPENDITURE	(a) Jaiegory	(n) Describitori	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Father's Day event sponsor **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/25/2015 Cleveland Pharma 7 Payee address; 6 Amount (\$) Zip Code City; State; 130 Houston TX 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Diabetic test strips for health fair at VAN TV **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Alief Community Association	ı	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
150			
	Houston TX		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	
	Event Expense	Alief Parade	oraci minig oxponos
	Eveni Expense	7 Mor i didde	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
9/5/2015	Cau Lac Bo Linh		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
200		, , ,	
200			
	Houston TV		
8 PURPOSE OF EXPENDITURE	Houston TX	(h) Description	
6 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	oues complete Celestria T
		Check if travel outside of Te	
		Check if Austin, TX, officeh	older living expense
	Event Expense	Sponsorship	
O Commission ONII V if direct	Candidate / Officehoder name	tti aa aa aa lat	# hald
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officerioder frame	office sought c	ffice held
4 Date	5 Payee name		
	,		
9/11/2015	Burt Levine	Otata Z'a Oada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Consulting Services** Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/19/2015 **VNCH** 7 Payee address; 6 Amount (\$) Zip Code City; State; 1,500 Houston TX (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense VNCH festival in Sept **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Steve Le	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
9/19/2015	Bac Hac Nguyen	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
500		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Food/Beverage Expense	food expenses for fundraising dinner
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
9/20/2015	VTC	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,000		
	Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Event Expense	Viet Tan Club
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Data	E Davisa nama	
4 Date	5 Payee name	
9/20/2015	Volunteers	Chata. 7's Cada
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1,200		
	Houston TX	Tax -
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME Steve Le Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Volunteer lunch reimbursement Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/20/2015 Campaign Crate 7 Payee address; City; 6 Amount (\$) Zip Code State; 3,200 Houston TX (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense advertising Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

1 Total pages Schodule E1:	T T	plains how to complete this form	1
1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	Comcast		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5001.44			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Advertising Expense	advertising	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held
experialtaree to benefit 6/011			
4 Date	5 Payee name		
9/21/2015	Retired Vietnamese Marines	Assoc.	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
200.00			
	Houston TX		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	event Expense	Sponsorship	•
	OVOIR EXPONDS		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/22/2015	Brilliart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,500		•	
.,,555			
	Houston TX		
8 PURPOSE OF EXPENDITURE		(b) Description	
JOE OF EXPERIENCE	1,5,50,000,	(°, 5000),p.1011	

POLITICAL EXPEN	SCHEDULE F1					
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Steve Le		3 Filer ID (Ethics Commission filers)			
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho advertising				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
4 Date	5 Payee name					
9/22/2015	Campaign Crate					
6 Amount (\$) 2,385.00	7 Payee address; City;	State; Zip Code				
	Houston TX					
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	(b) Description  Check if travel outside of Te  Check if Austin, TX, officehoral advertising	•			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED