

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
DUNG LE			OFFICE USE ONLY
Date Received			10/8/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	8318A Beechnut st Houston TX 77036		
Date Hand-delivered or Date Postmarked			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832) 6722299		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Xuyen Bui			Receipt #
			Amount
			Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	8318A Beechnut st Houston TX 77036		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832) 8778833		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input checked="" type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month	Day	Year
	8/25/2015		THROUGH
		Month	Day
		10/2/2015	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/3/2015		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			City Council - District J

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

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

14 FILER NAME DUNG LE

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,750.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$2,552.28
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$197.72
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$3,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

dung le

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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

19 FILER NAME DUNG LE		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	2,750
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4	SCHEDULE E: LOANS	3,000
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	2,552.28
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

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

**FORM C/OH
ADDENDUM**

C/OH NAME DUNG LE

ACCOUNT # (Ethics
Commission filers)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME DUNG LE	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)				
	Linh Ma						
	6 Contributor address;			City;	State;	Zip Code	
9/1/2015			Houston	TX	77061		
							7 Amount of contributions (\$)
							\$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
self employed	

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)				
	Johnny Huynh						
	6 Contributor address;			City;	State;	Zip Code	
9/2/2015			Houston	TX	77072		
							7 Amount of contributions (\$)
							\$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
self employed	

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)				
	Cong Pham						
	6 Contributor address;			City;	State;	Zip Code	
9/14/2015			Houston	TX	77099		
							7 Amount of contributions (\$)
							\$2,500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
self employed	

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)				
	Kelly Tran						
	6 Contributor address;			City;	State;	Zip Code	
9/1/2015			Houston	TX	77061		
							7 Amount of contributions (\$)
							\$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME DUNG LE

3 Filer ID (Ethics Commission filers)

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**

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME DUNG LE		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			
5 Date of loan 8/25/2015	7 Name of lender Lin Phan out of state PAC(ID#)	9 Loan Amount (\$) 1,000.00	
6 Is Lender a Financial Institution?	8 Lender Address; Houston TX 77036 City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) Self employed		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> none		15	Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation		21 Employer	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DUNG LE	3 Filer ID (Ethics Commission filers)
4 Date 9/14/2015	5 Payee name MG Graphic	
6 Amount (\$) 182.94	7 Payee address; City; State; Zip Code 11730 S Wilcrest Dr Houston TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards print
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held City Council - District J	

4 Date 9/15/2015	5 Payee name Universal Signs & Banner	
6 Amount (\$) 765.00	7 Payee address; City; State; Zip Code 7825 Hwy 6 S Houston TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/16/2015	5 Payee name Home Depot	
6 Amount (\$) 215.50	7 Payee address; City; State; Zip Code 6800 W Sam Houston Pkwy S Houston TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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

4 Date 9/25/2015	5 Payee name Rao Vat		
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 11205 Bellaire Blvd Houston TX 77072		

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

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DUNG LE	3 Filer ID (Ethics Commission filers)
4 Date 9/28/2015	5 Payee name Chinese Southern	
6 Amount (\$) 110.00	7 Payee address; City; State; Zip Code 11122 Bellaire blvd Houston TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Ad
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/29/2015	5 Payee name MG Graphic	
6 Amount (\$) 214.34	7 Payee address; City; State; Zip Code 11730 S Wilcrest Dr Houston TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards print
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/1/2015	5 Payee name Cowboy Banner	
6 Amount (\$) 950.00	7 Payee address; City; State; Zip Code 11107 Bellaire blvd Houston TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DUNG LE		3 Filer ID (Ethics Commission filers)
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners 4x8
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/9/2015	5 Payee name Mike Sullivan		
6 Amount (\$) 34.50	7 Payee address; City; State; Zip Code 1001 Preston Ste 100 Houston TX 77002		

8 PURPOSE OF EXPENDITURE	(a) Category	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter public record
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED