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Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2019264
Received By Clerk: 7/15/2019
File Date: July 15, 2019
Office: Commissioner Pct. 1
Candidate: Lee, El Franco
Treasurer: Lee, Ethel K.
Category: Contributions And Expenditures
Delivered By: Courier
Type: COR

Harris County No Fee

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		2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		OFFICE USE ONLY Date Received
		El Franco			
	NICKNAME	LAST	SUFFIX		
		Lee			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE		Date Hand-delivered or Date Postmarked
	P.O. Box 56386				Receipt #
	Houston, TX 77256				Amount
					Date Processed
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	Mrs.	Ethel	Kaye		
	NICKNAME	LAST	SUFFIX		
		Lee			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	325 W 18th Street			Houston	Texas 77008
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(713) 942-5800				
8 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)	
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	01/01/2019				06/30/2019
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 14

13 C / OH NAME Lee, El Franco

14 Filer ID

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

☐ Additional Pages

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3,095,767.42

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

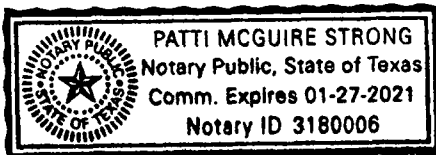
\$ 791,139.84

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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.

Ethel Kage Lee
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ethel Kage Lee*, this the 15th day of July, 20 19, to certify which, witness my hand and seal of office.

Patti M. Strong
Signature of officer administering

PATTI M. STRONG
Printed name of officer administering

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
3 of 14

18 FILER NAME Lee, El Franco		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,095,767.42
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 F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	89,950.93

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 4/14	2 FILER NAME Lee, El Franco	3 Filer ID
4 Date 04/11/2019	5 Payee name Dominican Friars Province of St Martin De Porres	
6 Amount (\$) \$50,000.00	7 Payee address; City; State; Zip Code 3617 Milam St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2019	Payee name Dominican Sisters of Houston	
Amount (\$) \$50,000.00	Payee address; City; State; Zip Code 6501 Almeda Rd Houston, TX 77021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2019	Payee name Harris County Precinct One Aquatics Program	
Amount (\$) \$500,000.00	Payee address; City; State; Zip Code PO Box 300185 Houston, TX 77230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 5/14	2 FILER NAME Lee, El Franco	3 Filer ID
4 Date 04/12/2019	5 Payee name Harris County Precinct One Lee Program	
6 Amount (\$) \$150,000.00	7 Payee address; City; State; Zip Code 7901 El Rio St Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2019	Payee name Harris County Precinct One Senior Program	
Amount (\$) \$150,000.00	Payee address; City; State; Zip Code 7901 El Rio St Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2019	Payee name Harris County Precinct One Street Olympics	
Amount (\$) \$1,500,000.00	Payee address; City; State; Zip Code PO Box 300185 Houston, TX 77230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/14		2 FILER NAME Lee, El Franco		3 Filer ID	
4 Date 04/12/2019		5 Payee name Houston Public Media			
6 Amount (\$) \$50,000.00		7 Payee address; City; State; Zip Code 4343 Elgin St Houston, TX 77204			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/30/2019		Payee name Internal Revenue Service			
Amount (\$) \$13,716.00		Payee address; City; State; Zip Code 1111 Constitution Ave NW Washington, DC 20224			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax payment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/08/2019		Payee name Julia C Hester House			
Amount (\$) \$150,951.42		Payee address; City; State; Zip Code 2020 Solo St Houston, TX 77020			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 7/14	2 FILER NAME Lee, El Franco	3 Filer ID
4 Date 05/31/2019	5 Payee name Melton & Melton, LLP	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6002 Rogerdale Houston, TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance consulting fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2019	Payee name Mickey Leland Kibbutzim Internship Foundation	
Amount (\$) \$30,000.00	Payee address; City; State; Zip Code 3555 Timmons Lane Suite 1400 Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2019	Payee name St. Jude Children's Research Hospital	
Amount (\$) \$50,000.00	Payee address; City; State; Zip Code 501 St Jude Place Memphis, TN 38105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 8/14		2 FILER NAME Lee, El Franco		3 Filer ID	
4 Date 05/06/2019		5 Payee name St. Paul Scholarship Foundation			
6 Amount (\$) \$100,000.00		7 Payee address; City; State; Zip Code PO Box 3086 Houston, TX 77253			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/11/2019		Payee name St. Paul Scholarship Foundation			
Amount (\$) \$100,000.00		Payee address; City; State; Zip Code PO Box 3086 Houston, TX 77253			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/12/2019		Payee name Teen Health Clinic Baylor College of Medicine			
Amount (\$) \$200,000.00		Payee address; City; State; Zip Code One Baylor Plaza Houston, TX 77030			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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:
Sch: 1/6 Rpt: 9/14

2 FILER NAME
Lee, El Franco

3 Filer ID

4 Date 01/31/2019	5 Name of person from whom amount is received Allegiance Bank	8 Amount (\$) \$87.21
	6 Address of person from whom amount is received; City, State; Zip Code P.O. Box 41314 Houston, TX 77241	
	7 Purpose for which amount is received January Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 02/28/2019	Name of person from whom amount is received Allegiance Bank	Amount (\$) \$85.82
	Address of person from whom amount is received; City, State; Zip Code P.O. Box 41314 Houston, TX 77241	
	Purpose for which amount is received February Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 03/29/2019	Name of person from whom amount is received Allegiance Bank	Amount (\$) \$109.05
	Address of person from whom amount is received; City, State; Zip Code P.O. Box 41314 Houston, TX 77241	
	Purpose for which amount is received March Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 04/30/2019	Name of person from whom amount is received Allegiance Bank	Amount (\$) \$104.24
	Address of person from whom amount is received; City, State; Zip Code P.O. Box 41314 Houston, TX 77241	
	Purpose for which amount is received April Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 05/31/2019	Name of person from whom amount is received Allegiance Bank	Amount (\$) \$106.17
	Address of person from whom amount is received; City, State; Zip Code P.O. Box 41314 Houston, TX 77241	
	Purpose for which amount is received May Interest <input type="checkbox"/> Check if political contribution returned to filer	

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:
Sch: 2/6 Rpt: 10/14

2 FILER NAME
Lee, El Franco

3 Filer ID

4 Date 06/28/2019	5 Name of person from whom amount is received Allegiance Bank	8 Amount (\$) \$102.55
	6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 41314 Houston, TX 77241	
	7 Purpose for which amount is received June Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 01/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$1,417.23
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received January Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 01/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$137.87
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received January Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 02/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$1,523.45
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received February Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 02/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$148.11
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received February Interest <input type="checkbox"/> Check if political contribution returned to filer	

**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:

Sch: 3/6 Rpt: 11/14

2 FILER NAME

Lee, El Franco

3 Filer ID

4 Date 03/15/2019	5 Name of person from whom amount is received Charles Schwab & Co.	8 Amount (\$) \$1,392.08
	6 Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	7 Purpose for which amount is received March Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$133.77
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received March Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$1,461.11
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received April Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$143.58
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received April Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/15/2019	Name of person from whom amount is received Charles Schwab & Co.	Amount (\$) \$19.68
	Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478	
	Purpose for which amount is received May Interest <input type="checkbox"/> Check if political contribution returned to filer	

**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: Sch: 4/6 Rpt: 12/14
2 FILER NAME Lee, El Franco		3 Filer ID
4 Date 06/17/2019	5 Name of person from whom amount is received Charles Schwab & Co. 6 Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478 7 Purpose for which amount is received June Interest	8 Amount (\$) \$13.92 <input type="checkbox"/> Check if political contribution returned to filer
Date 01/31/2019	Name of person from whom amount is received Harris County Federal Credit Union Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received January Dividend Share	Amount (\$) \$14.07 <input type="checkbox"/> Check if political contribution returned to filer
Date 02/28/2019	Name of person from whom amount is received Harris County Federal Credit Union Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received February Dividend Share	Amount (\$) \$12.71 <input type="checkbox"/> Check if political contribution returned to filer
Date 03/31/2019	Name of person from whom amount is received Harris County Federal Credit Union Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received March Dividend Share	Amount (\$) \$14.07 <input type="checkbox"/> Check if political contribution returned to filer
Date 04/30/2019	Name of person from whom amount is received Harris County Federal Credit Union Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received April Dividend Share	Amount (\$) \$13.62 <input type="checkbox"/> Check if political contribution returned to filer

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:
Sch: 5/6 Rpt: 13/14

2 FILER NAME
Lee, El Franco

3 Filer ID

4 Date 05/31/2019	5 Name of person from whom amount is received Harris County Federal Credit Union	8 Amount (\$) \$14.07
	6 Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002	
	7 Purpose for which amount is received May Dividend Share <input type="checkbox"/> Check if political contribution returned to filer	

Date 06/30/2019	Name of person from whom amount is received Harris County Federal Credit Union	Amount (\$) \$13.62
	Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002	
	Purpose for which amount is received June Dividend Share <input type="checkbox"/> Check if political contribution returned to filer	

Date 01/04/2019	Name of person from whom amount is received JP Morgan Chase Bank NA	Amount (\$) \$1.22
	Address of person from whom amount is received; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265	
	Purpose for which amount is received January Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 02/05/2019	Name of person from whom amount is received JP Morgan Chase Bank NA	Amount (\$) \$1.30
	Address of person from whom amount is received; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265	
	Purpose for which amount is received February Interest <input type="checkbox"/> Check if political contribution returned to filer	

Date 03/05/2019	Name of person from whom amount is received JP Morgan Chase Bank NA	Amount (\$) \$1.14
	Address of person from whom amount is received; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265	
	Purpose for which amount is received March Interest <input type="checkbox"/> Check if political contribution returned to filer	

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: Sch: 6/6 Rpt: 14/14
2 FILER NAME Lee, El Franco		3 Filer ID
4 Date 04/03/2019	5 Name of person from whom amount is received JP Morgan Chase Bank NA 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265 7 Purpose for which amount is received April Interest	8 Amount (\$) \$1.18 <input type="checkbox"/> Check if political contribution returned to filer
Date 04/08/2019	Name of person from whom amount is received JP Morgan Chase Bank NA Address of person from whom amount is received; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265 Purpose for which amount is received April Interest	Amount (\$) \$0.16 <input type="checkbox"/> Check if political contribution returned to filer
Date 02/25/2019	Name of person from whom amount is received Stone Ridge Reinsurance Risk Premium Interval Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478 Purpose for which amount is received Sale of 5,756.10 shares	Amount (\$) \$46,957.80 <input type="checkbox"/> Check if political contribution returned to filer
Date 05/24/2019	Name of person from whom amount is received Stone Ridge Reinsurance Risk Premium Interval Address of person from whom amount is received; City; State; Zip Code 2333 Town Center Dr. Suite 100 Sugar Land, TX 77478 Purpose for which amount is received Sale of 4,419.69 shares	Amount (\$) \$35,920.13 <input type="checkbox"/> Check if political contribution returned to filer

RECORDER'S MEMORANDUM:
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.