

Official Public Records of Harris County
Diane Trautman
County Clerk

Campaign Finance Report

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

FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 14 CANDIDATE / MS/MRS/MR FIRST М **OFFICE USE ONLY OFFICEHOLDER** El Franco NAME Date Received NICKNAME LAST **SUFFIX** Lee ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** P.O. Box 56386 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77256 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** ΜI **TREASURER** Ethel Mrs. Kaye NAME NICKNAME LAST **SUFFIX** Lee CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** 325 W 18th Street Houston 77008 Texas (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 942-5800 PHONE REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 01/01/2019 **THROUGH** 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Primary Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIALS		COVER	2 of 14				
13 C / OH NAME	Lee, El Franco	,	14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	res made by political com the candidate's or officehor n only if they receive notice	older's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	·						
		COMMITTEE ADDRESS	•					
	SPECIFIC	·						
	1							
		COMMITTEE CAMPAIGN TREASURER NAME	······································	· · · · · · · · · · · · · · · · · · ·				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
			•					
16 CONTRIBUTION TOTALS	1. TOTAL POLITIC	I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00				
VVV	2. TOTAL POLITIC (OTHER THAN I	 6)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL POLITIC	ITEMIZED	\$ 0.00					
	4. TOTAL POLITIC	\$ 3,095,76						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 791,139.84				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFADAVIT								
PATTI MCGUIRE STRONG Notary Public, State of Texas Comm. Expires 01-27-2021 Notary ID 3180006 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. Signature of Campidate or Officeholder								
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subs	cribed before me, by the s	ertify which, witness my hand and seal of office.	, this the	day day				
Signature of offi	M Morse cer administering	PATT, M. STRING Printed name of officer administering	Title of officers	dministering cath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 14 19 Filer ID **18 FILER NAME** Lee, El Franco 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,095,767.42 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X 89,950.93 \$ TO FILER

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/W	Nages/	/Contract Labor	OTHER (enter a categ	gory not listed above)	
4 Tetal resea Cabadula F1:	5 EU ED NAM		, onp			Filer ID		
1 Total pages Schedule F1: Sch: 1/5 Rpt: 4/14	Lee, El Fra				١	Filer ID		
4 Date	5 Payee name							
04/11/2019	-	Friars Province of	St Martin De Por	res	<u>-</u>			
6 Amount (\$) \$50,000.00	7 Payee addre	-	State; Zip Co	ode				
400,000,00	001, ma	130						
	Houston, T							
8 PURPOSE OF		See Categories listed at the tensions Made		(b)	Description Check if travel out	tside of Texas, Complete	Schedule T.	
EXPENDITURE		Officeholder/Politic		-	닏	X, officeholder living expe		
					Charitable cont	tribution		
9 Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ight		Office held		
expenditure to benefit C/O	1	CETIOIGE FILLING	Onice 302			Office field		
Date	Payee name							
04/11/2019	Dominican	Sisters of Houston	1					
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
\$50,000.00	6501 Alme	da Rd						
	Houston, T	X 77021			<u> </u>			
PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description			
OF EXPENDITURE	Contributio	ns/Donations Made	e By			tside of Texas. Complete		
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expenditure to benefit C/Ot	┥ 							
Date	Payee name							<i>"</i>
04/11/2019	Harris Cou	nty Precinct One A	quatics Program					
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
\$500,000.00	PO Box 30	0185	,					
	Houston, T	X 77230						
PURPOSE OF	S	See Categories listed at the t		(b)	Description			
EXPENDITURE		ns/Donations Made Officeholder/Politic				tside of Texas. Complete X, officeholder living expe		
i	Caliulualei	Office Holder/Fundo	al Committee		Charitable con		mse	
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Complete ONLY if direct		ficeholder name	Office sou	i ught		Office held		
expenditure to benefit C/OI	4							
								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction Gui			/ages	/Contract Labor	OTHER (enter a categ	ory not listed above)	
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1	Total pages Schedule F1:	2						3	Filer ID		
	Sch: 2/5 Rpt: 5/14		Lee, El Frai	nco							
4	Date	5	Payee name								
	04/12/2019		Harris Cour	nty Precinct One	Lee Progra	am					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				_
	\$150,000.00	l	7901 El Rio	St							
		1									
			Houston, T	X 77054							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ns/Donations Ma				느	tside of Texas. Complete		
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght		Office held		
	experialiture to benefit C/O										
	Date	Г	Payee name			_					
	04/12/2019		Harris Cour	nty Precinct One	Senior Pro	gram					
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	dė				
	\$150,000.00	Į .	7901 El Rio	St							
			Houston, T	X 77054	•						
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	EXPENDITURE			ns/Donations Ma Officeholder/Polit		ittee		السميدا	X, officeholder living expe		
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_	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght		Office held		
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1	Amount (\$)	1	Payee addre	ss; City;	State;	Zip Co	de				
	\$1,500,000.00	ļ	PO Box 300	0185							
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	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b)	Description			-
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	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	C	Office sou	ght		Office held		
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Co	nmittee	Legal Services The Instruct	tion Guide expl			/Contract Labor ete this form.	OTHER (enter a category	not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	Ē					3 Filer ID			
	Sch: 3/5 Rpt: 6/14		Lee, El Fra	inco								
4	Date	5	Payee name	2								
	04/12/2019		Houston P	ublic Media								
6	Amount (\$) \$50,000.00	7	Payee addre 4343 Elgin Houston, T	St	<u></u>	State; Zip Co	de					
8	PURPOSE	(a)	Category (See Categories li	sted at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE				ns Made By r/Political Co	ommittee		Check if travel or Check if Austin, Charitable cor	TX, officeholde			
9	Complete ONLY if direct		Candidate/Of	ficeholder na	me	Office sou	ght		Off	ice held		
	expenditure to benefit C/O	Н										
Ħ	Date	П	Payee name	e		<u> </u>				77		
	04/30/2019		=	evenue Serv	/ice							
	Amount (\$) \$13,716.00		Washingto	ess; City stitution Ave n, DC 2022	NW	State; Zip Co						
	PURPOSE OF EXPENDITURE	(a)	Category (s Fees	See Categories li:	sted at the top of th	nis schedule)	(b)	Description Check if travel or Check if Austin, Tax payment		*		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder na	me	Office sou	ight		Off	ice held		
	Date 04/08/2019		Payee name Julia C He	e ster House								
	Amount (\$) \$150,951.42		Payee addre	•	;	State; Zip Co	ode					-
			Houston, T	X 77020						_		_
	PURPOSE OF EXPENDITURE	(a)	Contributio	ns/Donatio	ns Made By er/Political Co		(b)	Description Check if travel of Check if Austin, Charitable cor	TX, officehold	·		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder na	me	Office sou	ight		Off	ice held		
										<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

1	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID						
1	Sch: 4/5 Rpt: 7/14	Lee, El Franco						
4	Date	5 Payee name						
1	05/31/2019	Melton & Melton, LLP						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
[\$1,100.00	6002 Rogerdale						
		Houston, TX 77072						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ĺ	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
•		Finance consulting fee						
l		, mailes consuming to						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	04/11/2019	Mickey Leland Kibbutzim Internship Foundation						
	Amount (\$)	Payee address; City; State; Zip Code						
ļ	\$30,000.00	3555 Timmons Lane						
ĺ		Suite 1400						
1		Houston, TX 77027						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ı	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
ļ		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
		Charitable contribution						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
⊨	Date							
ĺ	04/12/2019	Payee name St. Jude Children's Research Hospital						
┞	Amount (\$)							
l	\$50,000.00	Payee address; City; State; Zip Code 501 St Jude Place						
ſ	400,000.00	SOI SCOULE FRANCE						
1	•	Memphis, TN 38105						
-	PURPOSE							
l	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
Ì		Charitable contribution						
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/O							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Political	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 5/5 Rpt: 8/14	Lee, El Franco
4 Date	5 Payee name
05/06/2019	St. Paul Scholarship Foundation
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100,000.00	PO Box 3086
	Houston, TX 77253
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
4	Candidate/Officeholder/Political Committee Charitable contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	-1
Date	Payee name
04/11/2019	St. Paul Scholarship Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$100,000.00	PO Box 3086
	Houston, TX 77253
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Charitable contribution
	Onamasic community
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Date	Payee name
04/12/2019	Teen Health Clinic Baylor College of Medicine
Amount (\$)	Payee address; City; State; Zip Code
\$200,000.00	One Baylor Plaza
	Houston, TX 77030
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF I	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 Candidata/Officahaldar/Dalitical Committee 1 I Charlett Austin TV officeholder tiping sympasse
	Candidate/Officeholder/Political Committee Charitable contribution
	Candidate/Officerioider/Political Committee Charitable contribution
EXPENDITURE	Charitable contribution
	Charitable contribution Candidate/Officeholder name Office sought Office held
EXPENDITURE Complete ONLY if direct	Charitable contribution Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 9/14 FILER NAME 3 Filer ID Lee, El Franco 8 Amount (\$) Date 5 Name of person from whom amount is received \$87.21 01/31/2019 Allegiance Bank 6 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 Check if political contribution returned to filer January Interest Amount (\$) Date Name of person from whom amount is received 02/28/2019 \$85.82 Allegiance Bank 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 Check if political contribution returned to filer February Interest Date Name of person from whom amount is received Amount (\$) 03/29/2019 Allegiance Bank \$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 Check if political contribution returned to filer March Interest Date Name of person from whom amount is received Amount (\$) 04/30/2019 \$104.24 Allegiance Bank 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 Check if political contribution returned to filer April Interest Date Name of person from whom amount is received Amount (\$) 05/31/2019 Allegiance Bank \$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 Check if political contribution returned to filer May Interest

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 10/14 2 FILER NAME 3 Filer ID Lee, El Franco 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/28/2019 \$102.55 Allegiance Bank 6 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 Check if political contribution returned to filer June Interest Amount (\$) Date Name of person from whom amount is received 01/15/2019 \$1,417.23 Charles Schwab & Co. 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 Check if political contribution returned to filer January Interest Name of person from whom amount is received Date Amount (\$) 01/15/2019 Charles Schwab & Co. \$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 Check if political contribution returned to filer January Interest Date Name of person from whom amount is received Amount (\$) 02/15/2019 Charles Schwab & Co. \$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 Check if political contribution returned to filer February Interest Date Name of person from whom amount is received Amount (\$) 02/15/2019 Charles Schwab & Co. \$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 Check if political contribution returned to filer February Interest

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

SCHEDULE K

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l	ine instru	المان	on Guide explains how to complete this form.	Sch: 3	/6 Rpt: 11/14
2	FILER NAME			3 Filer ID	
	Lee, El Franc	co	<u> </u>		
4	Date	5	Name of person from whom amount is received		8 Amount (\$)
	03/15/2019		Charles Schwab & Co.		\$1,392.08
		6	Address of person from whom amount is received; City; State; Zip Cod	le	
			2333 Town Center Dr.		
	İ		Suite 100		
1		<u> </u>	Sugar Land, TX 77478		
	ļ	7	Purpose for which amount is received Moreh Interest	Check if political contr	ibution returned to filer
L		Ļ	March Interest		
	Date		Name of person from whom amount is received		Amount (\$)
	03/15/2019	ļ	Charles Schwab & Co.		\$133.77
1	İ	"	Address of person from whom amount is received; City; State; Zip Cod	le	
	ļ		2333 Town Center Dr.		
1	į		Suite 100 Sugar Land, TX 77478	V	
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l	ļ		Purpose for which amount is received March Interest	☐ Cneck if political conti	ribution returned to filer
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	Date		Name of person from whom amount is received		Amount (\$)
	04/15/2019	ļ	Charles Schwab & Co.		\$1,461.11
	ļ		Address of person from whom amount is received; City; State; Zip Cod	ie	
	\	{	2333 Town Center Dr. Suite 100	ŀ	
	ļ		Sugar Land, TX 77478		
	ļ	一	Purpose for which amount is received	Check if political contr	ibution returned to filer
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F	Date	누	Name of person from whom amount is received		Amount (\$)
	04/15/2019		Charles Schwab & Co.		Amount (\$) \$143.58
	, 10, 2013	ļ			Ф143.36
[İ		Address of person from whom amount is received; City; State; Zip Cod 2333 Town Center Dr.	u c	
			Suite 100		
			Sugar Land, TX 77478	Ì	
	İ	一	Purpose for which amount is received	Check if political contr	I ribution returned to filer
	j	[April Interest		···•
F	Date	F	Name of person from whom amount is received		Amount (\$)
1	05/15/2019		Charles Schwab & Co.		\$19.68
	ļ	ļ	Address of person from whom amount is received; City; State; Zip Cod	le	
	j		2333 Town Center Dr.		
1			Suite 100		
1			Sugar Land, TX 77478		
	ļ	Γ	Purpose for which amount is received	Check if political contr	ribution returned to filer
			May Interest		
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 12/14 2 FILER NAME Filer ID Lee, El Franco 8 Amount (\$) 4 Date 5 Name of person from whom amount is received 06/17/2019 Charles Schwab & Co. \$13.92 6 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 Check if political contribution returned to filer June Interest Date Name of person from whom amount is received Amount (\$) 01/31/2019 \$14.07 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 Check if political contribution returned to filer January Dividend Share Date Name of person from whom amount is received Amount (\$) 02/28/2019 Harris County Federal Credit Union \$12.71 Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer February Dividend Share Date Name of person from whom amount is received Amount (\$) 03/31/2019 Harris County Federal Credit Union \$14.07 Address of person from whom amount is received; City; State; Zip Code 1400 Franklin St. Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer March Dividend Share Date Name of person from whom amount is received Amount (\$) 04/30/2019 Harris County Federal Credit Union \$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 Check if political contribution returned to filer **April Dividend Share**

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

SCHEDULE K

The Instru	The Instruction Guide explains how to complete this form. 1 Total page Sch: 5/6								
2 FILER NAME		3 Filer ID							
Lee, El Fran	co								
4 Date	5 Name of person from whom amount is received	8 Amount (\$)							
05/31/2019	Harris County Federal Credit Union	\$14.07							
	6 Address of person from whom amount is received; City; State; Zip Code								
	1400 Franklin St.								
1									
	Houston, TX 77002								
		olitical contribution returned to filer							
	May Dividend Share								
Date	Name of person from whom amount is received	Amount (\$)							
06/30/2019	Harris County Federal Credit Union	\$13.62							
	Address of person from whom amount is received; City; State; Zip Code								
1400 Franklin St.									
		1							
	Houston, TX 77002								
1	! — ·	olitical contribution returned to filer							
	June Dividend Share								
Date	Name of person from whom amount is received	Amount (\$)							
01/04/2019	JP Morgan Chase Bank NA	\$1.22							
Jd	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 Check if p	olitical contribution returned to filer							
<u> </u>	January Interest								
Date	Name of person from whom amount is received	Amount (\$)							
02/05/2019	JP Morgan Chase Bank NA	\$1.30							
Į	Address of person from whom amount is received; City; State; Zip Code								
	P.O. Box 659754								
ŀ									
	San Antonio, TX 78265								
	Purpose for which amount is received Check if p	olitical contribution returned to filer							
ļ	February Interest								
Date	Name of person from whom amount is received	Amount (\$)							
03/05/2019	JP Morgan Chase Bank NA	\$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	olitical contribution returned to filer							
	March Interest								
1									

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

SCHEDULE K

	The Instru	cti	l pages Schedule K : 6/6 Rpt: 14/14					
2	FILER NAME			3	Filer	· ID		
	Lee, El Fran	СО						
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	04/03/2019		JP Morgan Chase Bank NA				\$1.18	
		6	Address of person from whom amount is received; City; State; Zip Code	•••••				
			P.O. Box 659754					
ŀ		ļ		7			i	
		<u> </u>	San Antonio, TX 78265		////			
		7		oliti	cal co	ontribution returned t	o filer	
			April Interest					
	Date		Name of person from whom amount is received			Amount (\$)		
	04/08/2019		JP Morgan Chase Bank NA			i I	\$0.16	
		ļ'''''	Address of person from whom amount is received; City; State; Zip Code		·····	·····.		
			P.O. Box 659754	,				
			Com Associal TV 7000F			ŀ		
ľ		L	San Antonio, TX 78265					
ŀ				oliti	cal co	ontribution returned t	o filer	
			April Interest					
	Date		Name of person from whom amount is received			Amount (\$)		
	02/25/2019	 	Stone Ridge Reinsurance Risk Premium Interval				\$46,957.80	
			Address of person from whom amount is received; City; State; Zip Code					
			2333 Town Center Dr.					
		İ	Suite 100			ļ		
		L	Sugar Land, TX 77478					
				oliti	cal co	ontribution returned t	o filer	
			Sale of 5,756.10 shares					
	Date		Name of person from whom amount is received			Amount (\$)		
	05/24/2019		Stone Ridge Reinsurance Risk Premium Interval				\$35,920.13	
			Address of person from whom amount is received; City; State; Zip Code	•••••	********			
			2333 Town Center Dr.					
		ŀ	Suite 100					
		L	Sugar Land, TX 77478					
	i			oliti	cal co	ontribution returned t	o filer	
		L	Sale of 4,419.69 shares					
	perorder's Memorandum:							

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 photocopy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.