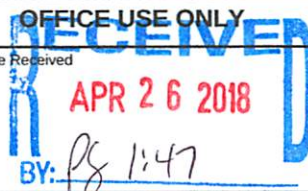


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Lee	<b>OFFICE USE ONLY</b> 	
	NICKNAME LAST SUFFIX Michaels		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3429 University Blvd Dallas, TX 75205	Date Received	Date Hand-delivered or Date Postmarked
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sheila W.		
	NICKNAME LAST SUFFIX Holmes		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3417 Cornell Dallas, TX 75205		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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 type="checkbox"/> July 15 <input checked="" 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 03/27/2018	THROUGH	Month Day Year 04/25/2018
10 ELECTION	ELECTION DATE Month Day Year 05/05/2018	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Trustee, HPISD School Board Place 2 Place 2 District HPISD Dallas	12 OFFICE SOUGHT (if known) Trustee, HPISD School Board, Place 2 Place 2 District HPISD	

**GO TO PAGE 2**

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

**FORM C/OH  
COVER SHEET PG 2**  
2 of 7

**13 C / OH NAME** Michaels, Lee **14 Filer ID**

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

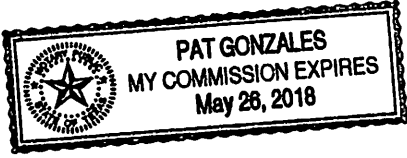
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	850.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,687.46
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	849.18
<b>OUTSTANDING LOAN TOTALS</b>	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.



*Lee Michaels*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Michaels, this the 24th day of April, 2018, to certify which, witness my hand and seal of office.

*Pat Gonzales*  
\_\_\_\_\_  
Signature of officer administering

Pat Gonzales  
\_\_\_\_\_  
Printed name of officer administering

Notary  
\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Michaels, Lee	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00
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	\$ 1,687.46
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
<b>2</b> FILER NAME Michaels, Lee		<b>3</b> Filer ID
<b>4</b> Date 04/18/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Robin	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 3408 Bryn Mawr  Dallas, TX 75225		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Jayne and David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4212 Lomo Alto #301 Dallas, TX 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullins, Mary Sue	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3611 Greenbrier  Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagadau, Evey	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3702 Dartmouth  Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melson, Leslie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3908 Centenary  Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 1/2 Rpt: 6/7		2 FILER NAME Michaels, Lee		3 Filer ID
4 Date 04/09/2018		5 Payee name J & G Printing		
6 Amount (\$) \$241.94		7 Payee address; City; State; Zip Code 2845 Irving Blvd  Dalls, TX 75207		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 Early Voting Post Cards
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 04/10/2018		Payee name John March/Big Ol'Company		
Amount (\$) \$1,319.07		Payee address; City; State; Zip Code 3683 Coral Gables Drive  Dallas, TX 75229		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Balance for graphic design services
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 04/25/2018		Payee name Paypal		
Amount (\$) \$26.45		Payee address; City; State; Zip Code 7211 N. First St  San Jose, CA 95131		
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 Paypal online fees
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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	<b>2</b> FILER NAME Michaels, Lee	<b>3</b> Filer ID
<b>4</b> Date 04/09/2018	<b>5</b> Payee name US Post Office	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 8504 Turtle Crrek Blvd  Dallas, TX 75225	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps for mailers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
<b>2</b> FILER NAME Michaels, Lee		<b>3</b> Filer ID
<b>4</b> Date 04/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risch, Frank	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code 3540 Colgate  Dallas, TX 75225	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)