

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088259		2 Total pages filed: 13		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jennifer A.	MI MI	Date Received ELECTRONICALLY FILED 01/16/2024	
	NICKNAME	LAST Lee	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023	Date Hand-delivered or Date Postmarked
					Receipt # Amount
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION
PAC notice information entered.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jennifer A. Lee

Signature of Candidate or Officeholder

AFFIX NOTARY 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 Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00088259	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Jennifer A.	MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME LAST Lee	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 524 Olaf Dr. Unit B Temple, TX 76504		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Naquisha L.	MI
	NICKNAME LAST Ramos-Silva	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1708 Saddle Dr. Killeen, TX 76543		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 291-1804		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		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) None Bell	12 OFFICE SOUGHT (if known) State Representative District 55	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Lee, Jennifer A.	14 Filer ID (Ethics Commission Filers) 00088259
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Blue Horizon Texas PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		PO Box 780162 San Antonio, TX 78278
		COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire
	COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 780162 San Antonio, TX 78278	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,952.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	105.00
	4. TOTAL POLITICAL EXPENDITURES	\$	965.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,048.92
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.

Jennifer A. Lee

Signature of Candidate or Officeholder

AFFIX NOTARY 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 Printed name of officer administering Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
ADDENDUM

Page 4 of 13

C / OH NAME	Lee, Jennifer A.	Filer ID	(Ethics Commission Filers)
		00088259	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	ActBlue Texas
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		PO Box 441146
		Somerville, MA 02144
	COMMITTEE CAMPAIGN TREASURER NAME	Gilmer, George
	COMMITTEE CAMPAIGN TREASURER ADDRESS	PO Box 441146
		Somerville, MA 02144

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM **JC/OH**
ADDENDUM

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C / OH NAME	Lee, Jennifer A.	Filer ID	(Ethics Commission Filers)
		00088259	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures 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	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	ActBlue Texas	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		PO Box 441146	
		Somerville, MA 02144	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Gilmer, George		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	PO Box 441146		
	Somerville, MA 02144		

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

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18 FILER NAME Lee, Jennifer A.		19 Filer ID (Ethics Commission Filers) 00088259
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,940.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12.00
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	\$ 795.03
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 170.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 7/13
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas <hr/> 6 Contributor address; City; State; Zip Code San Antonio , TX 78278	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel , Solange (Mrs.) <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Hamumu Games Inc
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Killeen Independent School District
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Karishma (Mrs.) <hr/> Contributor address; City; State; Zip Code Nolaville, TX 76559	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Karishma Talbot

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/13	
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	8 Amount of contribution (\$) \$12.00	9 In-kind contribution description Website Domain initial purchase/Google workspace.
	7 Contributor address; City; State; Zip Code Lampasas, TX 76550	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Organizer		11 Employer (FOR NON-JUDICIAL) (See instructions) Trade Justice Ed Fund.	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 9/13	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/17/2023	5 Payee name ActBlue Texas	
6 Amount (\$) \$39.50	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 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 Donation disbursement processing fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2023	Payee name ActBlue Texas	
Amount (\$) \$1.58	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
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 Donation disbursement processing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name ActBlue Texas	
Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
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 Donation disbursement processing fee.
Complete <u>ONLY</u> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 10/13	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/18/2023	5 Payee name BCDP Executive Committee Primary Fund	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 510 North 10th Street Killeen, TX 76541	
8 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 Filing Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 11/13	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
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4 Date 12/28/2023	5 Payee name Award Specialties
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6 Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 907 S. Amy Lane Harker Heights, TX 76548
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8 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 Candidate name badge.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/08/2023	Payee name Jennifer Lee for HD55 campaign
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Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1916 Temple, TX 76503
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Initial campaign account opening fee/deposit at Cadence Bank.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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TEXT ANNOTATION

Sch: 1/2 Rpt: 12/13

FILER NAME

Lee, Jennifer A.

Filer ID (Ethics Commission Filers)

00088259

Schedule

A1

Information entered by filer as a memo:

The \$50 from myself is the amount I spent of personal money to open the campaign bank account. I am not seeking reimbursement. I also made a note about this on a schedule G.

TEXT ANNOTATION

Sch: 2/2 Rpt: 13/13

FILER NAME

Lee, Jennifer A.

Filer ID (Ethics Commission Filers)

00088259

Schedule

G

Information entered by filer as a memo:

I wasn't sure how to report the \$50 needed to open the campaign account. The name of the account at the bank is Jennifer Lee for HD55 and the account was opened through Cadence Bank.