CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00088259		2 Total pages f	filed: 247
3 CANDIDATE / OFFICEHOLDER		FIRST Jennifer A.		MI	OFFICE	USE ONLY
NAME		Jennier 7t.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Lee		33.1.17		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1916				Receipt#	Amount
Change of Address	Temple, TX 76503				Date Processed	
_						
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Naquisha L.				
	NICKNAME I	 LAST		SUFFIX		
	1	Ramos-Silva				
6 CAMPAIGN	STREET ADDRESS (NO PO E	SOX DI EVSE).	ΛD	Γ / SUITE #; CITY	/·	ATE; ZIP CODE
TREASURER ADDRESS	1708 Saddle Dr.	JOX FELAGE),	Λľ	1730IIL#, CITT	, 31	ATE, ZIF CODE
(Residence or Business)	Killeen, TX 76543					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (254) 291-1804	NUMBER E	XTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff 	15th day after ca	ampaign treasurer
		oour day belore			appointment (off	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	09/26/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/05/2024	Pr	imary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)	
	None Place N/A District N/A	Ą		State Represen	tative Place N/A	District 55
	,			1		
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

2 of 247

13 C / OH NAME	Lee, Jennifer A.		14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	he candidate's or office	holder's knowledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<u> </u>	X GENERAL	Texas Democratic Women		
	X	COMMITTEE ADDRESS		
	SPECIFIC	P.O. Box 301411		
		Austin, TX 78703		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Franklin, Joyce		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
		4609 Pangolin Dr.		
		Fort Worth, TX 76244		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 75.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,273.36
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 3,716.90	
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 44,917.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$ 26,948.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS (ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Je	ennifer A. Lee	
		Signature of 0	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath
Signature or one	cei auministenny	rinited hame of officer autilitistetting	Tille of officer	aummatering valli

FORM C/OH ADDENDUM

Page 3 of 247

				Fage 3 01 241				
C / OH NAME	Lee, Jennifer A.		Filer ID 00088259	(Ethics Commission Filers)				
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						
	X GENERAL	Texas State Teachers Association Political A	Action Committe	e				
		COMMITTEE ADDRESS						
	SPECIFIC	8716 N Морас Ехру						
		Austin, TX 78759						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Bosse, Portia						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		8716 N Mopac Expy						
		Austin, TX 78759						
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and				
	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Texas State AFL-CIO State Cope Fund						
		COMMITTEE ADDRESS						
	SPECIFIC	P.O. Box 12727						
		Austin, TX 78711						
		COMMITTEE CAMPAIGN TREASURER NAME Levy, Rick						
		COMMITTEE CAMPAIGN TREASURER ADDRES	 SS					
		1106 Lavaca						
		Austin, TX 78701						

FORM C/OH ADDENDUM

Page 4 of 247

				Fage 4 01 241
C / OH NAME	Lee, Jennifer A.		Filer ID 00088259	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Big and Bright PAC		
	-	COMMITTEE ADDRESS		
	SPECIFIC	p.o. box 16505		
		Austin, TX 78761		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Krasne, Seth		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		p.o. box 16505		
		Austin, TX 78761		
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
` '	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Sun City Democrats Club		
		COMMITTEE ADDRESS		
	SPECIFIC	1530 Sun City Blvd.		
	-	Ste 120 PMB 432		
		Georgetown, TX 78633		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Wait, Cammie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		901 Rio Grande Loop		
		Georgetown, TX 78633		

FORM C/OH ADDENDUM

Page 5 of 247

				Fage 3 01 241				
C / OH NAME	Lee, Jennifer A.		Filer ID 00088259	(Ethics Commission Filers)				
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						
	X GENERAL	National Association of Social Workers/Texa	s Political Actio	n for Candidate Election				
		COMMITTEE ADDRESS						
	SPECIFIC	810 West 11th						
		Austin, TX 78701						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Francis, Will						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		810 West 11th						
		Austin, TX 78701						
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to so seen made without the candidate's or officeholder's d to report this information only if they receive notice	knowledge or co	nsent. Candidates and				
	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Blue Horizon Texas PAC						
		COMMITTEE ADDRESS						
	SPECIFIC	PO Box 780162						
		San Antonio, TX 78278						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Barnett, Claire						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		PO Box 780162						
		San Antonio, TX 78278						

FORM C/OH ADDENDUM

Page 6 of 247

				Fage 0 01 241
C / OH NAME	Lee, Jennifer A.		Filer ID 00088259	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	The First Ask		
		COMMITTEE ADDRESS		
	SPECIFIC	611 Pennsylvania Ave SE		
		#192		
		Washington, DC 20003		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Welles, Caroline		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		611 Pennsylvania Ave SE		
		#192		
		Washington, DC 20003		
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Freedom for Texans		
		COMMITTEE ADDRESS		
	SPECIFIC	3500 Werner Ave		
		Austin, TX 78722		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Oliver, Julie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		3500 Werner Ave		
		Austin, TX 78722		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

7 of 247

				7 01 247
18 FILER NAM	ME 1	.9 Filer ID	(Ethics Com	mission Filers)
Lee, Jenn	ifer A.	00088259		
	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	53,334.45
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,938.91
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	44,917.52
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	1,202.00
			1	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/86 Rpt: 8/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/26/2024	5 Full name of contributor Abu-zahra, Ramie6 Contributor address; City; St				7	Amount of Contribution (\$)	\$10.00
		Seattle, WA 98122						
8	Principal occu Product mar	pation / Job title (See Instructions nager	;) 	9	Employer (See Instructions Amazon	5)		
	Date 07/13/2024	Full name of contributor Adams, Patricia Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu Nurse	Austin, TX 78748 pation / Job title (See Instructions	;)		Employer (See Instructions	<u> </u> s)		
	Date 09/19/2024	Full name of contributor Albers, Harold Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu	Art, TX 76820-0099 pation / Job title (See Instructions			Employer (See Instructions	<u>''</u>		
	Not Employe	•)		Not Employed	·)		
	Date 08/29/2024	Full name of contributor Allen, Mary Contributor address; City; Si Round Rock, TX 78665	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions The Cole Law Firm	5)		
	Date 09/18/2024	Full name of contributor Allen-Savietta, Cora Contributor address; City; Si Austin, TX 78752	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1.00
	Principal occu Statistician	pation / Job title (See Instructions	s)		Employer (See Instructions Berry Consultants	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/86 Rpt: 9/247	
2	FILER NAME Lee, Jennifer	´ A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/10/2024	San Antonio, TX 78209-8305 Full name of contributor out-of-state PAC (ID#:) Out-of-state PAC (ID#:) Out-of-state PAC (ID#:) Out-of-state PAC (ID#:) San Antonio, TX 78209-8305		7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	San Antonio, TX 78209-8305 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 09/11/2024	Full name of contributor out-of-state PAC (IE Andrews, David Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Princinal occur	Killeen, TX 76549 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Accountant	pation, 300 title (See Instructions)		McLane	"		
	Date 09/09/2024	Full name of contributor out-of-state PAC (IE Annett, Phyllis Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$25.00
		Redwood City, CA 94061					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (IE Apgar, Jonathan Contributor address; City; State; Zip Code San Antonio, TX 78215				Amount of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Jonathan Apgar CPA P			
	Date 09/19/2024	Full name of contributor out-of-state PAC (IE Atlas, David Contributor address; City; State; Zip Code Oakland, CA 94610			•	Amount of Contribution (\$)	\$10.00
	Principal occup Operations	pation / Job title (See Instructions)		Employer (See Instructions Boutiq	s)		

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/86 Rpt: 10/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/21/2024	 Full name of contributor out-of-state PAC (ID#: Avey, Melinda Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe	Round Rock, TX 78664 pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Avey, Melinda Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Avey, Melinda Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Not Employe			Not Employed			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Axelrod, Steven Contributor address; City; State; Zip Code South Pasadena, CA 91030)		Amount of Contribution (\$)	\$1.00
	Principal occu investor	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#: Bailey, Linda Contributor address; City; State; Zip Code AUSTIN, TX 78730-3355)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			-				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 4/86 Rpt: 11/247	
2	FILER NAME Lee, Jennife	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/18/2024	 5 Full name of contributor out-of-state Barker, Emily 6 Contributor address; City; State; Zip Code 	e PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Plano, TX 75024	la la	5 1 (2 1 1 1	Ĺ		
8	Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	S)		
	Date 08/04/2024	Barnett, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 08/26/2024	Full name of contributor out-of-state Beckett, Laurel Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		DAVIS, CA 95618					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions UC Davis	s)		
	Date 08/22/2024	Bennett, Bjorn)		Amount of Contribution (\$)	\$100.00
	Principal occu Property Mai	pation / Job title (See Instructions) nagement		Employer (See Instructions Alskling Enterprises	5)		
	Date 08/26/2024	Full name of contributor out-of-state Bertan, Michael Contributor address; City; State; Zip Code Grass Lake, MI 49240-8808	e PAC (ID#:		•	Amount of Contribution (\$)	\$2.08
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 5/86 Rpt: 12/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 09/25/2024	Berthold, Patricia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
	Dringing agg	Bakersfield, CA 93314	In.	Employer (See Instructions	·/		
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	•)		
	Date 08/01/2024	Full name of contributor Bettineschi, Mackenzie Contributor address; City; Sta)		Amount of Contribution (\$)	\$20.00
	Dringing age	Houston, TX 77018		Employer (Con Instructions	<u></u>		
	Medical Sale	pation / Job title (See Instructions) es		Employer (See Instructions Smith+Nephew	5)		
	Date 07/22/2024	Full name of contributor [Bevier, William Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78704-2172					
	Principal occu computing	pation / Job title (See Instructions)		Employer (See Instructions AMD	5)		
	Date 08/26/2024	Full name of contributor Big and Bright PAC Contributor address; City; Star Austin, TX 78761	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/18/2024	Full name of contributor Birdwell, Kay Contributor address; City; Star Austin, TX 78749	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired teach	pation / Job title (See Instructions) ner		Employer (See Instructions None	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 6/86 Rpt: 13/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	ı Filers)
4	Date 08/26/2024	Bishop, Michael	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Houston, TX 77094 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Software cor			Improving	,		
	Date 08/26/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Delevie et e e e e	Woodbine, MD 21797		Faralana (Carlanturation	_		
	books	pation / Job title (See Instructions)		Employer (See Instructions CPB	5)		
	Date 09/26/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Austin, TX 78758					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/09/2024	Brenner, Karen	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu General cour	pation / Job title (See Instructions) nsel		Employer (See Instructions Credit union department			
	Date 08/09/2024	Full name of contributor Gridges, Lauren Contributor address; City; State; 2 New Orleans, LA 70119	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 7/86 Rpt: 14/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/04/2024	5 Full name of contributor Bridges, Russell 6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78750	1				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 07/11/2024	Full name of contributor Brodsky, Nina Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	bookkeeper	and artist		self			
	Date 08/11/2024	Full name of contributor Brodsky, Nina Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$6.00
		Austin, TX 78731					
	Principal occu bookkeeper	pation / Job title (See Instructions) and artist		Employer (See Instructions self	i)		
	Date 09/11/2024	Full name of contributor Brodsky, Nina Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
	Principal occu bookkeeper	pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u>		
	Date 08/03/2024	Full name of contributor Brollier, Lauren Contributor address; City; State Houston, TX 77005	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Anesthesiolo	pation / Job title (See Instructions) ogist		Employer (See Instructions UTHealth	5)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 8/86 Rpt: 15/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/21/2024	5 Full name of contributor Broughton, Lori6 Contributor address; City; S	out-of-state PAC (ID#:	••••)	7	Amount of Contribution (\$)	\$25.00
		Temple, TX 76502				_		
8	Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor Broussard, Randy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Belton, TX 76513 pation / Job title (See Instructions	5)		Employer (See Instructions	<u>''</u>		
	not employe		5)		Employer (See Instructions none	o)		
	Date 08/11/2024	Full name of contributor Brown, Mark Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78756						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 08/09/2024	Full name of contributor Brown, Philemon Contributor address; City; S Harker Heights, TX 7654)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		
	Date 08/01/2024	Full name of contributor Bunting, Haleu Contributor address; City; S Dallas, TX 75208	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 9/86 Rpt: 16/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/03/2024	 Full name of contributor out-of-sta Burke, Cecelia Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 07/26/2024	Burkett, Laura)		Amount of Contribution (\$)	\$100.00
	D	Belton, TX 76513		- I (0 I i ii	<u></u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 08/22/2024	Burnett, Kenneth Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Killeen, TX 76542 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 08/26/2024	Bury, Cheryl				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 08/07/2024	Bury, Kevin)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sales			Trek Metals Inc.			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 10/86 Rpt: 17/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/22/2024	5 Full name of contributor Camarillo, Sylvia6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ŭ	Assistant	pation / oob title (occ mondono)		Travis County	,,		
	Date 09/05/2024	Full name of contributor Campaign, John Bucy Contributor address; City; Stat)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 07/14/2024	Full name of contributor Carranza, Susana Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78701					
	Principal occu Chemical En	pation / Job title (See Instructions) gineer		Employer (See Instructions Makel Engineering, Inc.	s)		
	Date 08/14/2024	Full name of contributor Carranza, Susana Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Chemical En	pation / Job title (See Instructions) gineer		Employer (See Instructions Makel Engineering, Inc.	s)		
	Date 09/14/2024	Full name of contributor Carranza, Susana Contributor address; City; Stat Austin, TX 78701	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering, Inc.	5)		
	Shemical Ell			maker Engineering, IIIc.			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 11/86 Rpt: 18/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/14/2024	Carroll, Angel 6 Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Hutto, TX 78634 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 07/04/2024	Full name of contributor ou Carter, Elizabeth Contributor address; City; State; Zi				Amount of Contribution (\$)	\$25.00
		Des Moines, IA 50317					
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 07/22/2024	Full name of contributor	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78759					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date 07/22/2024	Carter, Lynn	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 08/22/2024	Full name of contributor ou Carter, Lynn Contributor address; City; State; Zi Austin, TX 78759	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	N:	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 12/86 Rpt: 19/247	
2	FILER NAME Lee, Jennifer	r A.				3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 09/22/2024	6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions	s) g	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe		,		Not Employed	,		
	Date 08/23/2024	Full name of contributor Carter, P Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
		Killeen, TX 76542						
	Principal occup Therapist	pation / Job title (See Instructions)		Employer (See Instructions Zeiders	s)		
	Date 09/26/2024	Full name of contributor Clark, Cari Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	<u> </u>	Austin, TX 78703	,		- (0) ;	Ĺ		
	Principal occuj Realtor	pation / Job title (See Instructions	(1)		Employer (See Instructions Self	5)		
	Date 08/26/2024	Full name of contributor Clements, Andrew Contributor address; City; St Austin, TX 78723	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occup Project Mana	pation / Job title (See Instructions ager)		Employer (See Instructions City of Austin	5)		
	Date 07/05/2024	Full name of contributor Cleveland, Pamela Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sidecar Health	5)		
			1					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 13/86 Rpt: 20/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/08/2024	 Full name of contributor out-of-state Cobb, Stephen Contributor address; City; State; Zip Coc)	7	Amount of Contribution (\$)	\$4.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	lg.	Employer (See Instructions	رد 		
Ū	Tennis profe			SCHP Training	,,		
	Date 09/26/2024	Cohen, Elaine				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not employe	d		Not employed			
	Date 08/19/2024	Full name of contributor	ate PAC (ID#:			Amount of Contribution (\$)	\$8.33
		Buda, TX 78610					
	Principal occu Software De	pation / Job title (See Instructions) veloper		Employer (See Instructions The University of Texas	•	Austin	
	Date 09/16/2024	Collins, Karen)		Amount of Contribution (\$)	\$500.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date 08/26/2024	Full name of contributor out-of-sta Collmer, Deborah Contributor address; City; State; Zip Coo Salt Lake City, UT 84105	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 14/86 Rpt: 21/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	اه	Employer (See Instructions	<u>''</u>		
0	Artist	pation / Job title (See Instructions)	9	Self	>)		
	Date 09/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Elected Offic			Williamson County	•		
	Date 09/09/2024	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$5.00
	D: : 1	Bellingham, WA 98225		-	Ĺ		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 07/15/2024	Full name of contributor out-of-state Pacullinane, Mary Contributor address; City; State; Zip Code Austin, TX 78704)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner		Employer (See Instructions Cardea Services	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 15/86 Rpt: 22/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	Deireirel	Austin, TX 78704		Faralassa (Ossalastasstissa			
8	Self	pation / Job title (See Instructions)	9	Employer (See Instructions Self	S) 		
	Date 09/06/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID Cure, James Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Temple, TX 76502 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Attorney	pation / 300 title (See Instructions)		Self	·)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID Cutts, Brodie Contributor address; City; State; Zip Code Temple, TX 76504			•	Amount of Contribution (\$)	\$25.00
	Principal occu IT Director	pation / Job title (See Instructions)		Employer (See Instructions Lighthouse IT	5)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID Danburg, Debra Contributor address; City; State; Zip Code Austin, TX 78704			•	Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 16/86 Rpt: 23/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/22/2024	Daniels, Emily 6 Contributor address; City; State; Zip	-of-state PAC (ID#:) Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	JV Manager			Chevron			
	Date 08/26/2024	Day, Bill Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.17
		Griffin, GA 30224					
		pation / Job title (See Instructions)		Employer (See Instructions			
	retired teach	er		University System of Ge	orç	gia 	
	Date 07/18/2024	Del Rio, Alicia Contributor address; City; State; Zip	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78749					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Texas House	i)		
	Date 08/26/2024	Full name of contributor out Dewey, Michael Contributor address; City; State; Zip Coloma, MI 49038	o Code			Amount of Contribution (\$)	\$10.00
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions Harmony Healthcare IT	<u> </u>		
	Date 08/26/2024	Diehl, D L Chris	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	· · · ·		Group Health Permaner			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 17/86 Rpt: 24/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 09/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Mercer Island, WA 98040	i				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Group Health Permane			
	Date 07/08/2024	Full name of contributor out-of-state Part Dison, Char Contributor address; City; State; Zip Code Austin, TX 78751)	•	Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe			Not Employed	_		
	Date 09/16/2024	Full name of contributor out-of-state P/Dison, Char Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Austin, TX 78751					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 08/11/2024	Full name of contributor out-of-state Production Carol Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$50.00
	Principal occu Real estate	pation / Job title (See Instructions)		Employer (See Instructions Self employment	5)		
	Date 08/09/2024	Full name of contributor out-of-state Part Doherty, Kyle Contributor address; City; State; Zip Code Houston, TX 77007			•	Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Baker Botts	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 18/86 Rpt: 25/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 08/16/2024	6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Not Employe	Alvin, TX 77511 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/26/2024	Full name of contributor Dudley, Sandra Contributor address; City; State F, WA 98331	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.25
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/09/2024	Full name of contributor Dukes, Thomas Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 09/19/2024	Full name of contributor Dukes, Thomas Contributor address; City; State San Antonio, TX 78209)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 09/06/2024	Full name of contributor Dunn, William Contributor address; City; State Austin, TX 78727	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) elopment consultant		Employer (See Instructions self	5)		
			•				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 19/86 Rpt: 26/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/26/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$8.33
		Washington, DC 20012					
8	Principal occu Analyst	pation / Job title (See Instructions)	9	Employer (See Instructions Federal government	i)		
	Date 09/04/2024	Full name of contributor out- Egg, Linda and Richard Contributor address; City; State; Zip Salado, TX 76571				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date 08/03/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Austin, TX 78704					
	Principal occu Sales & Marl	pation / Job title (See Instructions) keting		Employer (See Instructions Panacea collective	i)		
	Date 07/08/2024	Eldridge, John	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu law	pation / Job title (See Instructions)		Employer (See Instructions Haynes Boone	5)		
	Date 07/18/2024	Embree, Alice	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 20/86 Rpt: 27/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/25/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed			
	Date 09/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Not Employe			Not Employed	,,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (I Eneli, Ayayi Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$100.00
		Belton, TX 76513					
	Principal occu Entrepreneu	pation / Job title (See Instructions) r		Employer (See Instructions Kaneli International inc	s)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (I Erickson-Collins, Christel Contributor address; City; State; Zip Code Cedar Park, TX 78613)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (I Escalante, Sandra Contributor address; City; State; Zip Code Temple, TX 76502	ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions Beto for Texas	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 21/86 Rpt: 28/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/22/2024	 Full name of contributor out-of-state PAC (ID#:_ Estes, Laura Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	•		
	Date 08/15/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dripping springs, TX 78620 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_Fato, Leslie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	5	Dickinson, TX 77539-6407		-	<u></u>		
		pation / Job title (See Instructions) lity Consultant RN		Employer (See Instructions WellMed	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Field, Judy Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Field, Judy Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains hov	v to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 22/86 Rpt: 29/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	r Filers)
4	Date 07/10/2024	5 Full name of contributor Fine, Mary Ellen6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$4.00
		Austin, TX 78745						
8	Principal occu Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions None	5)		
	Date 08/10/2024	Full name of contributor Fine, Mary Ellen Contributor address; City; S)		Amount of Contribution (\$)	\$4.16
	Principal occu	Austin, TX 78745 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> s)		
	Retired				None			
	Date 09/10/2024	Full name of contributor Fine, Mary Ellen Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			•	Amount of Contribution (\$)	\$4.16
		Austin, TX 78745						
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions None	5)		
	Date 09/06/2024	Full name of contributor Flannigan, Jimmy Contributor address; City; S Austin, TX 78729					Amount of Contribution (\$)	\$100.00
	Principal occu Administratio	pation / Job title (See Instruction:	5)		Employer (See Instructions Austin Convention Ente		ses, Inc.	
	Date 09/26/2024	Full name of contributor Fleming, Julie Contributor address; City; S Austin, TX 78726-4040					Amount of Contribution (\$)	\$180.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 23/86 Rpt: 30/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/22/2024	 Full name of contributor out-of-st Foerster, Frank Contributor address; City; State; Zip Coo 			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed			
	Date 07/10/2024	Foerster, Frank J. Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	-	Employer (See Instructions	<u>.)</u>		
	Retired Attor			Retired	,		
	Date 07/23/2024	Full name of contributor out-of-st Fowler, Robert Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78758					
	Principal occu DOO	pation / Job title (See Instructions)		Employer (See Instructions Home Slice Pizza	5)		
	Date 08/19/2024	Fox, Jennifer				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/23/2024	Frazier, Janell	ate PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) rector of Non-profit		Employer (See Instructions Central Texas 4C, Inc.	5)		
	Executive DI	rector or Norr-profit		Cerinai Texas 40, IIIC.			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	nplete this form	m.	1	Total pages Schedule A1: Sch: 24/86 Rpt: 31/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/23/2024	Frazier, Randy	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.17
_	Dringing! aggr	Austin, TX 78739	lo.	Employer (See Instructions	<u></u>		
8	Psychologist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 07/28/2024	Full name of contributor out-of- Frick, Gina Contributor address; City; State; Zip C)	•	Amount of Contribution (\$)	\$10.00
		Belton, TX 76513			<u></u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 08/28/2024	Full name of contributor out-of- Frick, Gina Contributor address; City; State; Zip C	-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Belton, TX 76513					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 09/10/2024	Frick, Gina	-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/23/2024	Full name of contributor out-of- Frinstein, Frinstein Contributor address; City; State; Zip C Georgetown, TX 78626	-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			l				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 25/86 Rpt: 32/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagra	Wimberley, TX 78676		Frankrijer (Cook patrijetiens	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions The Hudgins Law Firm	5)		
	Date 07/22/2024	Full name of contributor out-of-state Pagardner, Deborah Contributor address; City; State; Zip Code Austin, TX 78756				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed		Not Employed			
	Date 08/26/2024	Full name of contributor out-of-state Page Gartner, Daniel Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$3.00
		Oro Valley, AZ 85755					
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions none	s)		
	Date 08/22/2024	Full name of contributor out-of-state Pageorges, Chris Contributor address; City; State; Zip Code Los Angeles, CA 90049)		Amount of Contribution (\$)	\$2.08
	Principal occu Coach	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/13/2024	Full name of contributor out-of-state Pa Gershenhorn, Susan Contributor address; City; State; Zip Code San Antonio, TX 78210	AC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS 		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 26/86 Rpt: 33/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/24/2024	 5 Full name of contributor out-of-state PAC (ID Gibbons, H.E. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78703					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 08/13/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe	ed		Not Employed			
	Date 08/27/2024	Full name of contributor	D#:)	•	Amount of Contribution (\$)	\$8.34
		Sherman Oaks, CA 91403-3058					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID Godfrey, Justin Contributor address; City; State; Zip Code Austin, TX 78721				Amount of Contribution (\$)	\$100.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt/Treasurer		Employer (See Instructions Barilla Management Inc	•		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID Gonzalez, Wendy Contributor address; City; State; Zip Code San Antonio, TX 78232)		Amount of Contribution (\$)	\$10.00
	Principal occu Real estate	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS	j 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 27/86 Rpt: 34/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 09/11/2024	5 Full name of contributor Goodfriend, Sarah6 Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78703						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9		mployer (See Instructions lot Employed	5)		
	Date 09/12/2024	Full name of contributor Goodwin, Vikki Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Austin, TX 78739				_		
	Real Estate	pation / Job title (See Instructions	5)		mployer (See Instructions elf: Goodwin & Goodw		Real Estate	
	Date 08/21/2024	Full name of contributor Gouge, Jacquelyn Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Nolanville, TX 76559						
		pation / Job title (See Instructions guage Pathologist	s) 		mployer (See Instructions eton Medical Center	5)		
	Date 08/31/2024	Full name of contributor Gouge, Jacquelyn Contributor address; City; S Nolanville, TX 76559	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions guage Pathologist	5)		mployer (See Instructions eton Medical Center	5)		
	Date 07/31/2024	Full name of contributor Grace, Horace R Contributor address; City; S Killeen, TX 76547	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions	(3)		mployer (See Instructions one	()		

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 28/86 Rpt: 35/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/26/2024	 Full name of contributor out-of-star out-o	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$2.09
_		Boulder, CO 80303-9500		5 1 (0 1 1 1	<u></u>		
8	Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Gray, Elizabeth Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 07/01/2024	Full name of contributor out-of-sta Gray, Jomeka Contributor address; City; State; Zip Cod	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Belton, TX 76513					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Gray, Kayren				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) f Access and Opportunity		Employer (See Instructions Central Texas school di		ct	
	Date 07/14/2024	Greenberg, Alan)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. ,		l				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 29/86 Rpt: 36/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/21/2024	 Full name of contributor out-of-state PAC Greenstein, Malcolm N. Contributor address; City; State; Zip Code 	,)	7	Amount of Contribution (\$)	\$180.00
_		Austin, TX 78702			_		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC Griffith, Ellen Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Finance Man	nager		Austin Area Urban Leag	jue		
	Date 07/12/2024	Full name of contributor out-of-state PAC Griffith, Idona Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$100.00
		Austin, TX 78759					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date 09/04/2024	Full name of contributor out-of-state PAC HARTUNG, STEPHEN Contributor address; City; State; Zip Code Deer Park, TX 77536)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC Haden, Lorri Contributor address; City; State; Zip Code Austin, TX 78757	C (ID#:		•	Amount of Contribution (\$)	\$4.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			l				

	MONET	ARY POLITICAL CO	ONTRIBUTION	VS	5		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this for	rm	ı .	1	Total pages Schedule A1: Sch: 30/86 Rpt: 37/247	
2	FILER NAME Lee, Jennifer	· A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/10/2024	Full name of contributor Hadsall, MarvinContributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			7	Amount of Contribution (\$)	\$25.00
g	Principal occur	TEMPLE, TX 76502 pation / Job title (See Instructions)	اه) F	Employer (See Instructions			
0	Tax Manage		3		McLane	,		
	Date 08/10/2024	Full name of contributor Hadsall, Marvin Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		TEMPLE, TX 76502						
	Principal occup Tax Manage	pation / Job title (See Instructions)			Employer (See Instructions McLane)		
	Date 09/10/2024	Full name of contributor Hadsall, Marvin Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		TEMPLE, TX 76502						
	Principal occup Tax Manage	pation / Job title (See Instructions)			Employer (See Instructions McLane)		
	Date 09/03/2024	Full name of contributor Hanes, Jenna Contributor address; City; Stat Austin, TX 78751	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occup Policy Adviso	pation / Job title (See Instructions)			Employer (See Instructions City of Austin)		
	Date 07/05/2024	Full name of contributor Harris, Mike Contributor address; City; Stat Austin, TX 78755	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed)		
			I					

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 31/86 Rpt: 38/247	
2	FILER NAME Lee, Jennife	´ A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/28/2024	Harrison, Sarah	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	اه	Employer (See Instructions	;) 		
Ü	Researcher	pation / Job title (Jee matructions)	ľ	ICG	"		
	Date 07/07/2024	Full name of contributor ou Hartley, Ann Contributor address; City; State; Zip Austin, TX 78746	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 09/16/2024	Full name of contributor ou Hartman, Eric Contributor address; City; State; Zi	t-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78703					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 09/26/2024	Full name of contributor ou during ou Hartman, Eric Contributor address; City; State; Zip Austin, TX 78703	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/26/2024	Full name of contributor ou Hassan, Fouad Contributor address; City; State; Zij McKinney, TX 75070	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu A	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 32/86 Rpt: 39/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 07/31/2024	5 Full name of contributorHau, Jennifer6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Houston, TX 77098-3319						
8	Principal occu physician	pation / Job title (See Instructions) [9		Employer (See Instructions self employed	s)		
	Date 09/09/2024	Full name of contributor Hayes McMahon, Shellie Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions	 		
	ED	`	,		Pptv	,		
	Date 07/22/2024	Full name of contributor Hayman, Peter Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78703						
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Anzus Capital LLC	5)		
	Date 09/19/2024	Full name of contributor Herring, Eliane Contributor address; City; St Houston, TX 77005	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor Hiller, Jay Contributor address; City; St Austin, TX 78726	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Yoga Instruc	pation / Job title (See Instructions tor)		Employer (See Instructions LASR	;)		
			<u>'</u>					

	MONET	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to con	nplete this for	n.	1	Total pages Schedule A1: Sch: 33/86 Rpt: 40/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	ı Filers)
4	Date 08/12/2024	 Full name of contributor out-of out)	7	Amount of Contribution (\$)	\$5.00
_		The woodlands, TX 77380-1800			_		
8	Principal occu HR Consulta	pation / Job title (See Instructions) nt	9	Employer (See Instructions D Hilton Associates	5)		
	Date 09/25/2024	Full name of contributor out-of Hines, Barbara Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	professor/att	orney		self			
	Date 09/04/2024	Full name of contributor out-of Hinton, John Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78746					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/09/2024	Hinton, John	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/12/2024	Hislop, Martha	f-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions Edible Arrangements	5)		
			L_				

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 34/86 Rpt: 41/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 07/23/2024	5 Full name of contributor Ho, Mary6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Killeen, TX 76542						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	(1)	9	Employer (See Instructions Not Employed	5)		
	Date 07/16/2024	Full name of contributor Hommel, Solange Contributor address; City; S)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Killeen, TX 76549-3756 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Public relation				Hamumu Games Inc			
	Date 08/16/2024	Full name of contributor Hommel, Solange Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		Killeen, TX 76549-3756	<u>1</u> -					
	Principal occu Public relation	pation / Job title (See Instructions ons	5)		Employer (See Instructions Hamumu Games Inc	s)		
	Date 08/18/2024	Full name of contributor Hommel, Solange Contributor address; City; S Killeen, TX 76549-3756)	-	Amount of Contribution (\$)	\$5,000.00
	Principal occu Public relation	pation / Job title (See Instructions ons	5)		Employer (See Instructions Hamumu Games Inc	5)		
	Date 09/16/2024	Full name of contributor Hommel, Solange Contributor address; City; S Killeen, TX 76549-3756	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Public relation	pation / Job title (See Instructions	5)		Employer (See Instructions Hamumu Games Inc	s)		
	. sano rotatio							

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 35/86 Rpt: 42/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/04/2024	Horick, Hannah	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
0	Dringing agg	Georgetown, TX 78626	lo.	Employer (See Instructions	·/		
8		pation / Job title (See Instructions) Partnerships		Employer (See Instructions Crisis Center of WTX	•)		
	Date 08/14/2024	Full name of contributor on the following of the following of the full of the	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Self Employe	ed		Self Employed			
	Date 09/26/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		Austin, TX 78704					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Robert M Howard, Inc.	5)		
	Date 08/26/2024	Full name of contributor on the contributor of contributor of contributor of contributor address; City; State; Zity; Austin, TX 78744	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Zen Insurance Services		-C	
	Date 07/22/2024	Full name of contributor on the state; Zelia Contributor address; City; State; Zelia Austin, TX 78745	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Campaign	pation / Job title (See Instructions)		Employer (See Instructions Account	5)		
			,				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 36/86 Rpt: 43/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 08/02/2024	5 Full name of contributor Jeffrey, Courtney6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77005						
8	Principal occu Real Estate	pation / Job title (See Instructions Developer	s) <u> </u>		Employer (See Instructions Partners Real Estate	5)		
	Date 09/12/2024	Full name of contributor Jefts, Heather Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> ;)		
	Not Employe	ed 			Not Employed			
	Date 09/11/2024	Full name of contributor Johnson, Nancy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Houston, TX 77030						
	Principal occu Mediator	pation / Job title (See Instructions	(3)		Employer (See Instructions Nancy Johnson	s)		
	Date 09/24/2024	Full name of contributor Johnston, Benjamin Contributor address; City; St Austin, TX 78705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Librarian	pation / Job title (See Instructions	5)		Employer (See Instructions Austin Community Colle			
	Date 09/07/2024	Full name of contributor Jones, Daniel Contributor address; City; St Belton, TX 76513	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions Not Employed	5)		
			<u>'</u>					

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 37/86 Rpt: 44/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/21/2024	5 Full name of contributor Jones, Jesse6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77019-6424						
8	Principal occu Not Employe	pation / Job title (See Instructions ed)	9	Employer (See Instructions Not Employed	5)		
	Date 07/02/2024	Full name of contributor Jones, Melissa Contributor address; City; St)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed			Not Employed			
	Date 07/11/2024	Full name of contributor Jones, Melissa Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.00
		Austin, TX 78703						
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor KRASSNER, MARSHA Contributor address; City; St SAN ANTONIO, TX 7820	ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu business cor	pation / Job title (See Instructions)		Employer (See Instructions self-employed	5)		
	Date 07/11/2024	Full name of contributor KUGLE, CHERRY Contributor address; City; St Austin, TX 78756	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.00
	Principal occu Not Employe	pation / Job title (See Instructions			Employer (See Instructions Not Employed	;)		
			l					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 38/86 Rpt: 45/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/20/2024	5 Full name of contributor Kahle, Mary6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	5	Austin, TX 78731		5 1 (2 1 1 1	<u></u>		
8	student	pation / Job title (See Instructions)	9	Employer (See Instructions Texas State	5)		
	Date 09/09/2024	Full name of contributor Kenyon, Terry Contributor address; City; Sta Katy, TX 77450)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/10/2024	Full name of contributor Kenyon, Terry Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 08/01/2024	Full name of contributor Ketabchi, Evan Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/30/2024	Full name of contributor Keysor, Georgia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 39/86 Rpt: 46/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 09/11/2024	Keysor, Georgia	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		Austin, TX 78757	<u> </u>				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/27/2024	Full name of contributor our contributor our contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Montclair, NJ 07043 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Investor			Hudson advisors	,		
	Date 09/13/2024	Full name of contributor our Kitchen`, Sara Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$4.17
		Austin, TX 78756					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 09/26/2024	Full name of contributor our Kniolek, Linda Contributor address; City; State; Zip Austin, TX 78727	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	()		
	Date 09/11/2024	Full name of contributor our Korth-Juricek, Ashley Contributor address; City; State; Zip Austin, TX 78752	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3,300.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	()		
			<u>.</u>				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 40/86 Rpt: 47/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/22/2024	Korth-Juricek, Ashley	tate PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78752			<u></u>		
8	Investor	pation / Job title (See Instructions)	9	Employer (See Instructions AKJ Investments	5)		
	Date 08/29/2024	Kosobud, Terry Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 09/26/2024	Full name of contributor out-of-si Kosobud, Terry Contributor address; City; State; Zip Co	tate PAC (ID#:		•	Amount of Contribution (\$)	\$250.00
		Austin, TX 78749					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/11/2024	Kusin, Gary)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	<u>s)</u>		
	Date 09/03/2024	Kyrish, Kathryn)		Amount of Contribution (\$)	\$350.00
	Principal occu EA	pation / Job title (See Instructions)		Employer (See Instructions Round Rock ISD	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 41/86 Rpt: 48/247	
2	FILER NAME Lee, Jennife	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/19/2024	Lance, Jan 6 Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$100.00
8		Austin, TX 78727 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 09/26/2024	Full name of contributor out-of-s	state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor out-of-s Lance, Tim Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	Austin, TX 78727 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 08/26/2024	Full name of contributor out-of-s		Not Employed		Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 07/14/2024	LeClercq, Terri				Amount of Contribution (\$)	\$4.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 42/86 Rpt: 49/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 09/20/2024	5 Full name of contributor Leidigh, Christopher6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$4.17
	Dringing aggr	Providence, RI 02906		Employer (See Instructions	<u>''</u>		
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 07/15/2024	Full name of contributor Lemmond, byron Contributor address; City; Sta)		Amount of Contribution (\$)	\$5.00
	Principal occu	Katy, TX 77449-7504 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	•		
	Date 08/15/2024	Full name of contributor Lemmond, byron Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Katy, TX 77449-7504					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/15/2024	Full name of contributor Lemmond, byron Contributor address; City; Sta Katy, TX 77449-7504	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/29/2024	Full name of contributor Lester, Brigid Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			.				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 43/86 Rpt: 50/247	
2	FILER NAME Lee, Jennife	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/23/2024	5 Full name of contributor Levin, Andrea6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Lago Vista, TX 78645-2447 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Project Mana	ager		Self			
	Date 09/22/2024	Levin, Andrea Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Lago Vista, TX 78645-2447		Employer (See Instructions	, 		
	Project Mana	pation / Job title (See Instructions)		Employer (See Instructions Self	')		
	Date 09/04/2024	Lewis, Michael Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Lockhart, TX 78644		- 1 (2) ;			
	Account Exe	pation / Job title (See Instructions) cutive		Employer (See Instructions WalkMe	5)		
	Date 08/16/2024	Full name of contributor Lewis-Pinnell, Emily Contributor address; City; State; Cedar Park, TX 78613)		Amount of Contribution (\$)	\$25.00
	Principal occu IT executive	pation / Job title (See Instructions)		Employer (See Instructions NTT DATA	()		
	Date 08/02/2024	Limerick, Casey				Amount of Contribution (\$)	\$8.33
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Greenhouse	Specialist		UT			

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 44/86 Rpt: 51/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/02/2024	 Full name of contributor out-of-state PAC (ID# Loeb, Margery Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$200.00
8	Principal occu Not Employe	Houston, TX 77027 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#				Amount of Contribution (\$)	\$150.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 08/27/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$6.25
	Principal occu	San Antonio, TX 78254 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/26/2024	Contributor address; City; State; Zip Code		St. Mary's University		Amount of Contribution (\$)	\$55.00
	Principal occu Not Employe	Belton, TX 76513 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> s)		
	Date 07/08/2024	Full name of contributor out-of-state PAC (ID# Love, Lauren Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$250.00
	Principal occu Hotelier	pation / Job title (See Instructions)		Employer (See Instructions Hyatt corporation	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 45/86 Rpt: 52/247	
2	FILER NAME Lee, Jennife	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/26/2024	Lowry, Carlos 6 Contributor address; City; State; Zip (of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Not Employe	d		Not Employed			
	Date 08/26/2024	Luckritz, Joshua Contributor address; City; State; Zip (Amount of Contribution (\$)	\$10.00
		Long Island City, NY 11101		- 1 (2) ;	Ĺ		
	Engineer	pation / Job title (See Instructions)		Employer (See Instructions SWE	5)		
	Date	Full name of contributor Out-o	of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	09/22/2024	Lundeen, Nancy Contributor address; City; State; Zip (,	\$15.00
		Corvallis, OR 97330					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not employe	d		Not employed			
	Date 08/30/2024	M Brown, Amy	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions Every Body Texas	5)		
	Date 07/22/2024	Full name of contributor out-on MacDougal, Vanessa Contributor address; City; State; Zip of Austin, TX 78757	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu software eng	pation / Job title (See Instructions) ineer		Employer (See Instructions Rapid7	5)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 46/86 Rpt: 53/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/13/2024	5 Full name of contributor MacDougal, Vanessa6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions	(:	9	Employer (See Instructions	;) 		
	software eng		,,		Rapid7	-)		
	Date 09/03/2024	Full name of contributor MacEachern, Michael Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Dringinal accu	Temple, TX 76504 pation / Job title (See Instructions			Employer (See Instructions	·/-		
	Self Employe) 		Blind Dog Productions	·)		
	Date 07/22/2024	Full name of contributor MacNaughton, Beverly Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$4.00
		Austin, TX 78750						
	Principal occu not employed	pation / Job title (See Instructions d	s)		Employer (See Instructions none	s)		
	Date 09/18/2024	Full name of contributor MacNaughton, Beverly Contributor address; City; S Austin, TX 78750)		Amount of Contribution (\$)	\$8.34
	Principal occu not employed	pation / Job title (See Instructions	s)		Employer (See Instructions none	5)		
	Date 08/14/2024	Full name of contributor Macdonald, Cory Contributor address; City; S Austin, TX 78735	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions Macdonald Resnevic	5)		
	,							

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 47/86 Rpt: 54/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 07/19/2024	5 Full name of contributor Malfaro, Louis6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
_		AUSTIN, TX 78702					
8	Nonprofit Ad	pation / Job title (See Instructions ministrator	(3)	9 Employer (See Instruction Austin Voices for Edu		n and Youth	
	Date 08/09/2024	Full name of contributor Mangini, Lauren Contributor address; City; St)		Amount of Contribution (\$)	\$30.00
	Principal occu	Boston, MA 02125 pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Research Ma		,	Gerson Lehrman Gro			
	Date 09/09/2024	Full name of contributor Mann, James Contributor address; City; St				Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78633-4					
	Principal occu Not Employe	pation / Job title (See Instructions ed) 	Employer (See Instruction Not Employed	ons)		
	Date 08/13/2024	Full name of contributor Markus, Susan Contributor address; City; St Austin, TX 78731	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Law Profess	pation / Job title (See Instructions or)	Employer (See Instruction City University of New		k	
	Date 09/26/2024	Full name of contributor Martinez, Terry Contributor address; City; St Austin, TX 78751	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)	Employer (See Instruction Not Employed	ons)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 48/86 Rpt: 55/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/31/2024	5 Full name of contributor [Marullo, Jillian6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Houston, TX 77081 pation / Job title (See Instructions)	ا	Employer (See Instructions	:) 		
	Attorney	pation / 300 title (See Instructions)		Liskow & Lewis	')		
	Date 09/06/2024	Full name of contributor [Marullo, Jillian Contributor address; City; Sta)		Amount of Contribution (\$)	\$45.00
	Dringing Lagor	Houston, TX 77081		Franks var (Caa kastu etiana	<u></u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Liskow & Lewis	5)		
	Date 08/04/2024	Full name of contributor Marullo Jr, Sam Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$50.00
		Dickinson, TX 77539					
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 08/18/2024	Full name of contributor Marullo Jr, Sam Contributor address; City; State Dickinson, TX 77539	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 08/19/2024	Full name of contributor Mathews, Sharon Contributor address; City; Star Houston, TX 77098	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	m.	1	Total pages Schedule A1: Sch: 49/86 Rpt: 56/247	
2	FILER NAME Lee, Jennife	· A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/26/2024	5 Full name of contributor Matlock, Trevin6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.17
		Wrightwood, CA 92397						
8	Sales Rep	pation / Job title (See Instructions	s) [9	9	Employer (See Instructions Faherty & Assoc	5)		
	Date 09/09/2024	Full name of contributor Matthews, Connie Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing! aggs	Temple, TX 76502			Employer (See Instructions	<u></u>		
	CPA	pation / Job title (See Instructions	,		Employer (See Instructions PATTILLO BROWN AN		HILL LLP	
	Date 08/26/2024	Full name of contributor McCusker, Eileen Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Deinsinal assu	Morgantown, WV 26508			Franks von (Cooksaturetiens	<u></u>		
	Substitute te	pation / Job title (See Instructions acher	,		Employer (See Instructions Monongalia County Sch	′	S	
	Date 07/13/2024	Full name of contributor McIntyre, Katherine Contributor address; City; S Austin, TX 78731	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not Employed	<u>I</u> 5)		
	Date 09/17/2024	Full name of contributor McNabb, Deborah Contributor address; City; S San Antonio, TX 78209	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu Not employe	pation / Job title (See Instructions	(3)		Employer (See Instructions Not employed	5)		
			,					

	MONET	ARY POLITICAL (CONTRIBUTION	NS	i		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 50/86 Rpt: 57/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/13/2024	6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Georgetown, TX 78633 pation / Job title (See Instructions) F	mployer (See Instructions	<u>) </u>		
Ü	Not Employe				ot Employed	,		
	Date 08/15/2024	Full name of contributor Mccutchen, Mila Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$4.17
		Austin, TX 78746						
	Principal occu Sales	pation / Job title (See Instructions	(3)		mployer (See Instructions aman Consulting, Inc.)		
	Date 09/13/2024	Full name of contributor Mcneely, Heather Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$25.00
		Killeen, TX 76542						
	Principal occu Sales Manag	pation / Job title (See Instructions ger)		mployer (See Instructions ipedream Products)		
	Date 07/01/2024	Full name of contributor Mcwilliams, james Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		mployer (See Instructions ot Employed)		
	Date 08/01/2024	Full name of contributor Mcwilliams, james Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		mployer (See Instructions ot Employed)		
	. , ,				. ,			

	MONET	ARY POLITICAL (CONTRIBUTIO	N _	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 51/86 Rpt: 58/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/01/2024	5 Full name of contributor Mcwilliams, james6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
		killeen, TX 76549						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) 	9	Employer (See Instructions Not Employed	s)		
	Date 08/17/2024	Full name of contributor Meed, Alex Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
	Drincinal occu	Austin, TX 78703 pation / Job title (See Instructions	·) [Employer (See Instructions	-/- 		
	Cybersecurit		,		Atlassian	>)		
	Date 08/18/2024	Full name of contributor Mendez, Mayra Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$5.00
		Houston, TX 77009						
	Principal occu LPC	pation / Job title (See Instructions	s) 		Employer (See Instructions Mayra M Mendez	s)		
	Date 08/27/2024	Full name of contributor Metherd, Georg Contributor address; City; S Sutter Creek, CA 95685	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$5.00
	Principal occu electrian	pation / Job title (See Instructions	;)		Employer (See Instructions george metherd	5)		
	Date 09/09/2024	Full name of contributor Mitchell, John Contributor address; City; S Austin, TX 78756	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	<u>.</u> s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 52/86 Rpt: 59/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 08/28/2024	5 Full name of contributor Morris, Cory6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
•	Dringing aggr	Woodway, TX 78731	l _o	Employer (See Instructions	·/		
8	Social worke	pation / Job title (See Instructions) r		Dell Med School	·)		
	Date 08/26/2024	Full name of contributor Moshrefi, Hamed Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77007					
	Principal occur Oil and gas	pation / Job title (See Instructions)		Employer (See Instructions Bridger photonics	5)		
	Date 07/13/2024	Full name of contributor Murphy, Patricia Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78745					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor Murphy, Patricia Contributor address; City; State; Austin, TX 78745				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/13/2024	Full name of contributor Murphy, Patricia Contributor address; City; State; Austin, TX 78745	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 53/86 Rpt: 60/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/04/2024	Full name of contributor Musselman, KT Contributor address; City; Si	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78717						
8	Principal occu Justice of the	pation / Job title (See Instructions e Peace	(3)	9	Employer (See Instructions Williamson County	S)		
	Date 09/17/2024	Full name of contributor Musselman, KT Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions	s)		Employer (See Instructions	 - S)		
	Justice of the		,		Williamson County			
	Date 08/27/2024	Full name of contributor Myers, Ashleigh Contributor address; City; Si)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78721						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Pillsbury Winthrop Shave		ittman	
	Date 09/26/2024	Full name of contributor NASW Texas (National A Contributor address; City; Si Austin, TX 78701				•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor Neeley, Karen Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions Independent Bankers A		ociation of Texas	

	MONET	ARY POLITICAL CONTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 54/86 Rpt: 61/247	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/06/2024	Nibling, Susan 6 Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Date 09/18/2024			Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 09/10/2024	Full name of contributor out-of-s Norris, Robert Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/05/2024	Full name of contributor out-of-s)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/16/2024	Novoa, Ben	state PAC (ID#:)		Amount of Contribution (\$)	\$18.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 55/86 Rpt: 62/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/04/2024	 Full name of contributor out-of-state PAC Novy, Forrest Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 08/07/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	RN case ma			Baylor Scott and white	-,		
	Date 07/14/2024	Full name of contributor out-of-state PAG OGDEN, JANE E Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$8.00
		MARSHALL, TX 75672					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 07/13/2024	Full name of contributor out-of-state PAG OHara, Gina Contributor address; City; State; Zip Code Cedar Creek, TX 78612				Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Anco	5)		
	Date 07/02/2024	Full name of contributor out-of-state PAC Oatman, Tamra-Shae Contributor address; City; State; Zip Code Austin, TX 78731	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions BottomLine Solutions	5)		
			L_				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 56/86 Rpt: 63/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/06/2024	5 Full name of contributor Oconnor, Stephen6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78752						
8	Principal occu Lawyer	pation / Job title (See Instruction	5)	9	Employer (See Instructions Self	s)		
	Date 09/04/2024	Full name of contributor Ordex, Tristeza Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Dringing occur	Dallas, TX 75224	2)	_	Employer (See Instructions	<u></u>		
	Consultant	pation / Job title (See Instruction	o)		Employer (See Instructions Self	o)		
	Date 09/16/2024	Full name of contributor Ortega, Randy Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78758						
	Principal occu Attorney	pation / Job title (See Instruction	5)		Employer (See Instructions Travis County	S)		
	Date 09/26/2024	Full name of contributor Overton, David Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu Partner	pation / Job title (See Instruction	s)		Employer (See Instructions Opus Faveo Innovation		velopment	
	Date 09/11/2024	Full name of contributor Parker, Marsha Contributor address; City; S Houston, TX 77019	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$20.00
	Principal occu Not employe	pation / Job title (See Instruction d	5)		Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CONT		SCHEDULE A			
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 57/86 Rpt: 64/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 08/14/2024	Parrott, Gillian	-state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Austin, TX 78736 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	TRUST OFF			Wells Fargo Bank	,		
	Date 07/12/2024	Pearson, Pamela Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 09/07/2024	Full name of contributor out-of- Perkins, Oliver Contributor address; City; State; Zip C	-state PAC (ID#: ode			Amount of Contribution (\$)	\$200.00
		Temple, TX 76502					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i) 		
	Date 08/03/2024	Perrin, David	-state PAC (ID#: ode)		Amount of Contribution (\$)	\$5.00
	Principal occu Landman	pation / Job title (See Instructions)		Employer (See Instructions Self	()		
	Date 08/03/2024	Perrin, David	-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Landman	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			•				

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 58/86 Rpt: 65/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 07/06/2024	6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$8.00
8	Principal occu	Austin, TX 78752 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe	ed		Not Employed			
	Date 08/22/2024	Full name of contributor Pesh, Roland Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing conu	Sea Ranch, CA 95497		Employer (See Instructions			
	Not Employe	pation / Job title (See Instructions)		Not Employed)		
	Date 09/15/2024	Full name of contributor Peterson, Linda Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78757					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 07/28/2024	Full name of contributor Phillips, Ricky Contributor address; City; State Temple, TX 76502				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) DING ENGINEER SUPERVISOI		Employer (See Instructions CBRE Temple)		
	Date 08/01/2024	Full name of contributor Pinkston, Mary Contributor address; City; State Austin, TX 78756	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
	Principal occu Pr	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm	ı .	1	Total pages Schedule A1: Sch: 59/86 Rpt: 66/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/27/2024	5 Full name of contributor Plaza Enriquez, Diana6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_		Houston, TX 77002	Ia		- 1 (0 1 1 1			
8	Attorney	pation / Job title (See Instructions)	9		Employer (See Instructions Pillsbury Winthrop Shaw		itman	
	Date 09/18/2024	Full name of contributor Pleasants, Chrystin Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Dein sin al a a su	Dallas, TX 75214						
	clinical resea	pation / Job title (See Instructions) arch monitor			Employer (See Instructions self)		
	Date 08/28/2024	Full name of contributor Porter Rabe, Mary S Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		College Station, TX 77845						
	Principal occu consultant	pation / Job title (See Instructions)			Employer (See Instructions self)		
	Date 07/10/2024	Full name of contributor Potts, Charles & Eileen Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed)		
	Date 07/21/2024	Full name of contributor Pumfrey, William Ross Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 60/86 Rpt: 67/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	ı Filers)
4	Date 08/16/2024	Qadri, Zohaib	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Council Mem	Austin, TX 78723 pation / Job title (See Instructions) hber	9	Employer (See Instructions City of Austin	<u> </u> ;)		
	Date 09/16/2024		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> (i)		
	Date 08/06/2024	Full name of contributor Rabroker, Timothy Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu	Killeen, TX 76542 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ;)		
	Firefighter			City of Killeen			
	Date 08/15/2024	Rabroker, Timothy Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	<u> </u> 5)		
	Date 08/25/2024	Full name of contributor Rabroker, Timothy Contributor address; City; State; Killeen, TX 76542	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 61/86 Rpt: 68/247	
2	FILER NAME Lee, Jennife	´ A.			3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 09/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
		Killeen, TX 76542					
8	Principal occu Firefighter	pation / Job title (See Instructions)	9	Employer (See Instructions City of Killeen	s)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Rabroker, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Killeen, TX 76542 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Firefighter	pation / Job title (Jee matactions)		City of Killeen	"		
	Date 09/10/2024	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Killeen, TX 76542					
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	s)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_Raffaelli, Paulo Contributor address; City; State; Zip Code San Francisco, CA 94112				Amount of Contribution (\$)	\$2.08
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Cisco Meraki	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_Ralph, Kelsey Contributor address; City; State; Zip Code Houston, TX 77008				Amount of Contribution (\$)	\$10.00
	Principal occu designer	pation / Job title (See Instructions)		Employer (See Instructions Meg Lonergan Interiors			
			<u> </u>	3 1 3			

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 62/86 Rpt: 69/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/05/2024	5 Full name of contributor Ralph, Kim6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
		Georgetown, TX 78628						
8	Associate	pation / Job title (See Instructions	5)	9	Employer (See Instructions LPI	S)		
	Date 08/26/2024	Full name of contributor Randal, Brook Contributor address; City; S)	•	Amount of Contribution (\$)	\$20.83
	Principal occu	Austin, TX 78751 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Not Employe	ed			Not Employed			
	Date 08/22/2024	Full name of contributor Ranka, Prakash Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Irving, TX 75038						
	Principal occu Not Employe	pation / Job title (See Instructions	\$)		Employer (See Instructions Not Employed	5)		
	Date 09/13/2024	Full name of contributor Rappoport, Jennifer Contributor address; City; S Austin, TX 78723)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions d	5)		Employer (See Instructions Not employed	5)		
	Date 08/26/2024	Full name of contributor Redifer, Betty Contributor address; City; S Rochester, NY 14617	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 63/86 Rpt: 70/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/15/2024	5 Full name of contributor Reinken, Janis6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78755 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0	Not Employe		9	Not Employed	·)		
	Date 08/16/2024	Full name of contributor Reiser, John Contributor address; City; Sta)		Amount of Contribution (\$)	\$165.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 08/16/2024	Full name of contributor Reynolds, Joseph Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78731					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 08/26/2024	Full name of contributor Reynolds, Mark Contributor address; City; Sta Austin, TX 78705)		Amount of Contribution (\$)	\$2.08
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/26/2024	Full name of contributor Richards, Helen Contributor address; City; Sta Vista, CA 92084	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$4.16
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	zu		Not Employed			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 64/86 Rpt: 71/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/22/2024	 Full name of contributor out-of-star			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/		
0	Not Employe		ľ	Not Employed))		
	Date 09/23/2024	Richardson, DL Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 08/26/2024	Full name of contributor out-of-sta Roberts, Dianna Contributor address; City; State; Zip Code	e PAC (ID#: e			Amount of Contribution (\$)	\$4.16
		Houston, TX 77025	-				
	Principal occu Data Manag	pation / Job title (See Instructions) er/Analyst		Employer (See Instructions UT MD Anderson Cance		Center	
	Date 07/14/2024	Robillard, Melinda)		Amount of Contribution (\$)	\$8.00
	Principal occu HR person	pation / Job title (See Instructions)		Employer (See Instructions UT Austin	5)		
	Date 07/15/2024	Full name of contributor out-of-star Robinson, Shuronda Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Public Relati	pation / Job title (See Instructions)		Employer (See Instructions Adisa Communications	5)		
	i ubiic iveidu			, wisa communications			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 65/86 Rpt: 72/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/24/2024	5 Full name of contributor Rogers, Kathryn6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$5.00
		Austin, TX 78757						
8	Principal occu Editor	pation / Job title (See Instruction	s)	9	Employer (See Instructions self	5)		
	Date 08/24/2024	Full name of contributor Rogers, Kathryn Contributor address; City; S					Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> s)		
	Editor				self			
	Date 09/24/2024	Full name of contributor Rogers, Kathryn Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78757						
	Principal occu Editor	pation / Job title (See Instruction	s)		Employer (See Instructions self	5)		
	Date 08/26/2024	Full name of contributor Roquemore, Suzanne Contributor address; City; S Georgetown, TX 78628)	-	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instruction	s)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 09/14/2024	Full name of contributor Rusk, Mitzi Contributor address; City; S Tyler, TX 75703	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$27.00
	Principal occu Not employe	pation / Job title (See Instruction	s)		Employer (See Instructions Not employed	s)		
				•				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 66/86 Rpt: 73/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/03/2024	Rutishauser, Robert 6 Contributor address; City; State; 2	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8		Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/03/2024		Dut-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 09/03/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occur	Austin, TX 78731 pation / Job title (See Instructions)	i	Employer (See Instructions)		
	Not Employe			Not Employed	,		
	Date 08/24/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 07/08/2024	Full name of contributor CS Kimbrough, Kerry Contributor address; City; State; 2 Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/86 Rpt: 74/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 07/12/2024	5 Full name of contributorS Kivikko, Jill6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2.00
8	Principal occu Therapist	Austin, TX 78756 pation / Job title (See Instructions	(9)	Employer (See Instructions Jill Kivikko	<u> </u> s)		
	Date 08/25/2024	Full name of contributor Sabat, Carolyn Contributor address; City; St Houston, TX 77019	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions Tanglewood Property G		р	
	Date 09/20/2024	Full name of contributor Sallee, Shelley Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Teacher	`	,	St. Stephen's Episcopal	•	hool	
	Date 09/14/2024	Full name of contributor Sanders, Nancy Contributor address; City; St dallas, TX 75229	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		
	Date 08/19/2024	Full name of contributor Sarahan, Paul Contributor address; City; St Austin, TX 78750	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Earth & Water Law, LLC			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 68/86 Rpt: 75/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 08/29/2024	5 Full name of contributor Schablein, Jared6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Salisbury, MD 21801						
8	Principal occu Eastern Sho	pation / Job title (See Instructions re Organizer) 	9	Employer (See Instructions ACLU MD	5)		
	Date 09/14/2024	Full name of contributor Schaefer, Janet Contributor address; City; S Glenshaw, PA 15116)		Amount of Contribution (\$)	\$25.00
		nation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> S)		
	Not Employe	ed			Not Employed			
	Date 07/02/2024	Full name of contributor Schneider, Lisa Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.00
		Austin, TX 78752						
	Principal occu Musician/Tea	pation / Job title (See Instructions acher	5)		Employer (See Instructions Self	s)		
	Date 07/28/2024	Full name of contributor Schneider, Lisa Contributor address; City; S Austin, TX 78752	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$32.00
	Principal occu Musician/Tea	pation / Job title (See Instructions acher	5)		Employer (See Instructions Self	5)		
	Date 08/03/2024	Full name of contributor Schneider, Lisa Contributor address; City; S Austin, TX 78752	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$23.08
	Principal occu Musician/Tea	pation / Job title (See Instructions acher	(3)		Employer (See Instructions Self	s)		
			1					

	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 69/86 Rpt: 76/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 09/16/2024	5 Full name of contributor Schneider, Lisa6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			7	Amount of Contribution (\$)	\$120.00
8	Principal occu	Austin, TX 78752 pation / Job title (See Instructions)	- I	9	Employer (See Instructions	<u>;)</u>		
Ü	Musician/Tea			J	Self	"		
	Date 09/20/2024	Full name of contributor Scott, Edward L Contributor address; City; Sta)		Amount of Contribution (\$)	\$8.33
		Austin, TX 78757				Ĺ		
	Principal occu Database De	pation / Job title (See Instructions) eveloper			Employer (See Instructions Scott Resources	S)		
	Date 07/16/2024	Full name of contributor Sethi, Pooja Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$100.00
		Austin, TX 78730						
	Principal occu Chief	pation / Job title (See Instructions)			Employer (See Instructions Texas	5)		
	Date 07/23/2024	Full name of contributor Shaddix, James Contributor address; City; Sta Houston, TX 77024	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed	5)		
	Date 08/31/2024	Full name of contributor Shaddix, Mallory Contributor address; City; Sta Houston, TX 77024	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)			Employer (See Instructions Not Employed	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/86 Rpt: 77/247	
2	FILER NAME Lee, Jennife	r A.		3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions) ator	Employer (See Instructions Travis County	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_Sieh, Andrea Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$25.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions ADCA	()		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Singer, Donald Contributor address; City; State; Zip Code Longmont, CO 80501			Amount of Contribution (\$)	\$6.25
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u>		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code Dripping Springs, TX 78620			Amount of Contribution (\$)	\$250.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Walker Partners	<u> </u>		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_ Smith Field, Megan Contributor address; City; State; Zip Code Austin, TX 78757			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 71/86 Rpt: 78/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 07/26/2024	 5 Full name of contributor out Snow, Mollie 6 Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$2.00
•	Dringing agg	Austin, TX 78750-8140	lo.	Employer (See Instructions	_		
8	Not Employe	pation / Job title (See Instructions) ed	9	Not Employed)		
	Date 08/17/2024	Snow, Mollie Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.08
	Principal occu	Austin, TX 78750-8140 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not Employe			Not Employed	,		
	Date 08/04/2024	Full name of contributor out Soileau, Hilary C Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77009					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions K&L Gates	i)		
	Date 07/26/2024	Spain, Diana				Amount of Contribution (\$)	\$2.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 08/26/2024	Full name of contributor out Spain, Diana Contributor address; City; State; Zip Austin, TX 78751	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.08
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 72/86 Rpt: 79/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 08/27/2024	5 Full name of contributorSpain, Diana6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$2.08
		Austin, TX 78751					
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor Spain, Diana Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2.08
	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Not Employe	ed		Not Employed			
	Date 07/30/2024	Full name of contributor Sprague, Dawn Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Temple, TX 76502					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 07/08/2024	Full name of contributor Stading, Tycha Contributor address; City; St Austin, TX 78731	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 08/10/2024	Full name of contributor Stahl, Lynn Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	upation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 73/86 Rpt: 80/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/10/2024	5 Full name of contributor Sterling, Karen6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$5.00
_		Cedar Creek, TX 78612	la la				
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed	5)		
	Date 07/11/2024	Full name of contributor Stevens, Nancy Contributor address; City; Sta Kyle, TX 78640				Amount of Contribution (\$)	\$8.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
	Date 09/11/2024	Full name of contributor Stevens, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		Temple, TX 76501					
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	i)		
	Date 07/30/2024	Full name of contributor Stewart, Frances Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 07/06/2024	Full name of contributor Stokes Hilton, Lee Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			<u>, </u>				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS .		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 74/86 Rpt: 81/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 07/18/2024	5 Full name of contributorStone, Cindy6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78731-4143 pation / Job title (See Instructions	:)	9	Employer (See Instructions	رد ا		
Ü	writer/publish		,,	ľ	self	,,		
	Date 08/22/2024	Full name of contributor Stuard, Anne Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
		Lampasas, TX 76550						
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
	Date 09/16/2024	Full name of contributor Sun City Democrats Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
		Georgetown, TX 78633						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor Sussman, William Contributor address; City; Si New York, NY 10023)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
	Date 09/20/2024	Full name of contributor Teitelbaum, Martha Contributor address; City; Si Kensington, MD 20895	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu health resea	pation / Job title (See Instructions rcher	<u> </u>		Employer (See Instructions self	5)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 75/86 Rpt: 82/247
2	FILER NAME Lee, Jennife	´A.	3	Filer ID (Ethics Commission Filers) 00088259
4	Date 08/08/2024	 Full name of contributor		Amount of Contribution (\$) \$5.00
8	Principal occu	Brooklyn, NY 11201 pation / Job title (See Instructions) 9 En	mployer (See Instructions)	
	Tv producer		reelance	
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO State Cope Fund Contributor address; City; State; Zip Code Austin, TX 78711		Amount of Contribution (\$) \$500.00
	Principal occu		mployer (See Instructions)	
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#: Texas Democratic Women Contributor address; City; State; Zip Code Austin, TX 78703		Amount of Contribution (\$) \$1,000.00
	Principal occu		mployer (See Instructions)	
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: Texas State Teachers Association Political Action Co Contributor address; City; State; Zip Code Austin, TX 78759	mmittee	Amount of Contribution (\$) \$1,000.00
	Principal occu		mployer (See Instructions)	
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Madeline Contributor address; City; State; Zip Code Houston, TX 77005)	Amount of Contribution (\$) \$100.00
	Principal occu Attorney		mployer (See Instructions) usch Blackwell	
	, acomey		acon Diagramon	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 76/86 Rpt: 83/247	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/26/2024	5 Full name of contributor Thomason, Heidi6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	San Antonio, TX 78248	. I	_	Franks or (Cook batturations	<u></u>		
8	Architect	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	5)		
	Date 07/22/2024	Full name of contributor Thompson, Denis B. Contributor address; City; St)	•	Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions	·)		Employer (See Instructions	<u>s)</u>		
	Programmer		,,		UT Austin	-)		
	Date 09/23/2024	Full name of contributor Thompson, Gail Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
		Austin, TX 78759						
	Principal occu Retired	pation / Job title (See Instructions	(3)		Employer (See Instructions Retired	S)		
	Date 07/22/2024	Full name of contributor Thompson, Kelvin Contributor address; City; Si Austin, TX 78731					Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 08/11/2024	Full name of contributor Tramer, Leslie Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions	(5)		Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 77/86 Rpt: 84/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/19/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Austin, TX 78768 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	County Com			Travis County	')		
	Date 09/19/2024	Full name of contributor Tucker, Byron Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occur	Marble Falls, TX 78654 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not Employe			Not Employed	,		
	Date 08/13/2024	Full name of contributor Turboff, Alexandra Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$10.00
		Pelham, NY 10803					
	Principal occu Real estate	pation / Job title (See Instructions)		Employer (See Instructions MONA	()		
	Date 08/01/2024	Full name of contributor Vakamudi, Sneha Contributor address; City; State Austin, TX 78746	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ascension)		
	Date 09/16/2024	Full name of contributor Van Hooser, Philip Contributor address; City; State Charlotte, NC 28205	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$37.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRI		E A1			
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 78/86 Rpt: 85/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/08/2024	 Full name of contributor out-of-state Verdonk, Carlos Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Dringinal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/		
0	Not Employe		l ⁹	Not Employed	·)		
	Date 07/06/2024	Vormelker, Eric)		Amount of Contribution (\$)	\$30.00
		Austin, TX 78752					
	Principal occu Technical Co	pation / Job title (See Instructions)		Employer (See Instructions Texas Health and Huma		Services Commission	
	Date 08/01/2024	Wachowiak, Joanna Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77008-6819 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Trainer			Self			
Date Full name of contributor out-of-state PAC (ID#: 08/24/2024 Waddington, Lisa Contributor address; City; State; Zip Code Temple, TX 76501)		Amount of Contribution (\$)	\$100.00	
	Principal occu Operations	pation / Job title (See Instructions)		Employer (See Instructions Philips	<u> </u>		
	Date 09/13/2024	Wade, Cristy)		Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			'				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 79/86 Rpt: 86/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	ı Filers)
4	Date 07/22/2024	 5 Full name of contributor out-of-state PAC (ID Walker, Mark A. 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	Dringing age	Austin, TX 78731	10	Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID Walsh, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing age	Mont Belvieu, TX 77523		Employer (Coo Instructions	<u></u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID Ward, Elizabeth Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78239					
	Principal occu Professor, A	pation / Job title (See Instructions) rtist		Employer (See Instructions Trinity University	5)		
	Date Full name of contributor out-of-state PAC (ID#: 07/26/2024 Ward, M)		Amount of Contribution (\$)	\$4.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ascension	5)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID Ward, M Contributor address; City; State; Zip Code Pflugerville, TX 78660			•	Amount of Contribution (\$)	\$4.17
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ascension	5)		
			•				

	MONET	ARY POLITICAL CONTR		SCHEDUL	_E A1		
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 80/86 Rpt: 87/247	
2	FILER NAME Lee, Jennife	´ A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/26/2024	 Full name of contributor out-of-star Ward, M Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$4.17
_		Pflugerville, TX 78660	1-				
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Ascension	5)		
	Date 09/09/2024	Warner, David				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employed			Not Employed			
	Date 08/18/2024	Full name of contributor out-of-sta Watson, Donna Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Gatesville, TX 76528					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ascension Providence	5)		
	Date 09/10/2024	Webber, Eric				Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions University of Texas	<u>(</u>		
	Date 07/22/2024	Full name of contributor out-of-sta Weihs, Diana Contributor address; City; State; Zip Cod Austin, TX 78703	ate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central texas ob-gyn as		ciation	
	-		I	<u> </u>			

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 81/86 Rpt: 88/247	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/12/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$150.00
8	Principal occur	Cedar Park, TX 78613	lo.	Employer (See Instructions	·/-		
0	Not Employe	pation / Job title (See Instructions) d	9	Not Employed	·)		
	Date 08/27/2024	Wiegand, Jami)		Amount of Contribution (\$)	\$4.00
	Dringing! aggs	Dorchester, MA 02124	-	Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) IT consultant			Employer (See Instructions Pliancy	>)		
	Date 08/18/2024	Full name of contributor out-of-state Wilhelm, Melissa Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		Prosper, TX 75078					
	Principal occu HR	pation / Job title (See Instructions)		Employer (See Instructions Tech	5)		
	Date 09/09/2024	Wilkerson, Ken)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/24/2024	Full name of contributor out-of-state Williamson, Pat Contributor address; City; State; Zip Code	te PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Office Manag	pation / Job title (See Instructions)		Employer (See Instructions Reinhardt & Slonek	5)		
	Smoo manaq	,					

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 82/86 Rpt: 89/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78752					
8	Principal occu Staff	pation / Job title (See Instructions)	9	Employer (See Instructions Texas House of Reps	5)		
	Date 08/18/2024	Wolpman, Beth Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$4.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Information Literacy Specialist			SMCISD			
	Date 07/11/2024	Full name of contributor out-of-s Wooten, Tim Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$8.00
		Round Mountain, TX 78663					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID# 08/27/2024 Young, Courtney					Amount of Contribution (\$)	\$5.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Young & Brooks	s)		
	Date 09/21/2024	Young, Sharon	state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Quadrant Holdings	5)		
			•				

	MONET	ARY POLITICAL CON		E A1			
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 83/86 Rpt: 90/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 08/18/2024	 5 Full name of contributor out-yount, Lori 6 Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$6.00
_	Deinsinal assu	Houston, TX 77007	la la	Frankston (Cookstants)	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions City of Houston	5)		
	Date 08/16/2024	Full name of contributor outblack, mary Contributor address; City; State; Zip Austin, TX 78756	of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not employed			Not employed			
	Date 09/16/2024	Full name of contributor				Amount of Contribution (\$)	\$2.08
		Austin, TX 78756					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
Date Full name of contributor out-of-state PAC (ID 07/22/2024 currens, leslie					Amount of Contribution (\$)	\$200.00	
	Principal occu software	pation / Job title (See Instructions)		Employer (See Instructions bmc	5)		
	Date 08/21/2024	denkler, Ann	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 84/86 Rpt: 91/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 08/18/2024	 Full name of contributor ut-kohn, Elizabeth Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$20.00
_		Houston, TX 77035					
8	Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Elizabeth Kohn	5)		
	Date 07/28/2024	laine, marsha Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$2.00
	Principal occu	Austin, TX 78745 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	online sales			marsha laine			
	Date 09/18/2024	Full name of contributor outlittle, lakisha Contributor address; City; State; Zip	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$250.00
		TEMPLE, TX 76502					
	Principal occu Register Nur	pation / Job title (See Instructions) se		Employer (See Instructions LaKisha Little)		
Date Full name of contributor out-of-state PAC (ID# 08/26/2024 marconi, john					Amount of Contribution (\$)	\$2.08	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions self employed	5)		
	Date 08/27/2024	Full name of contributor out- mitchell, lindsey Contributor address; City; State; Zip Houston, TX 77002	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu lawyer	pation / Job title (See Instructions)		Employer (See Instructions Pillsbury	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 85/86 Rpt: 92/247	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 07/01/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Honoluli, HI 96825 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 07/29/2024	Full name of contributor out-of-state PAC petty, melissa Contributor address; City; State; Zip Code Honoluli, HI 96825			•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employed			Not Employed			
	Date 08/29/2024	Full name of contributor out-of-state PAC petty, melissa Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$250.00
		Honoluli, HI 96825					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC pfeil, rick Contributor address; City; State; Zip Code Taylor, TX 76574)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/11/2024	Full name of contributor out-of-state PAC rogers, sara Contributor address; City; State; Zip Code San Antonio, TX 78209)	•	Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Marketing di	ECIUI		Janicek Law Firm, PC			

MOI	NETARY POLITICAL CONTRIBUTION	DNS		SCHEDU	LE A1
The Ir	nstruction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/86 Rpt: 93/247	
2 FILER I	NAME ennifer A.		3	Filer ID (Ethics Commission 00088259	on Filers)
4 Date 08/22/2	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
-	San Antonio, TX 78209 al occupation / Job title (See Instructions) ting director	Employer (See Instructions Janicek Law Firm, PC	<u> </u> s)		
Date 08/26/:	Full name of contributor out-of-state PAC (ID#:_ 2024 solt, jamie Contributor address; City; State; Zip Code villa park, IL 60181		•	Amount of Contribution (\$)	\$8.33
-	al occupation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>I</u> S)		
Date 09/05/:	Full name of contributor out-of-state PAC (ID#:_2024 thompson, Senfronia Contributor address; City; State; Zip Code Houston, TX 77081		•	Amount of Contribution (\$)	\$2,500.00
	al occupation / Job title (See Instructions) Legislator	Employer (See Instructions State of Texas	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 94/247					
2 FILED NAME			-					
2 FILER NAME Lee, Jennife			3 Filer ID (Ethic 00088259	s Commission Filers)				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00				
5 Date 08/20/2024	6 Full name of contributor ☐ out-of-state PAC (ID#: Blue Horizon Texas)	contribution (\$)					
	7 Contributor address; City; State; Zip Code			Strategy session, endorsement, social media, email promotion				
	San Antonio , TX 78278		Check if travel o	outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ir	nstructions)				
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 contributo	or's spouse (if any) (I	FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
16 II CONTRIBUTOR	is a crilid, law lirm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution				
09/26/2024	Freedom for Texans PAC	/	contribution (\$)					
	Contributor address; City; State; Zip Code		\$391.87	Postcards				
	Continuator address, Oity, State, 21p Code							
	Austin, TX 78722		Check if travel of	l outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	·				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution				
09/26/2024	Freedom for Texans PAC		contribution (\$)					
	Contributor address; City; State; Zip Code		\$578.71	Printing - Yard Signs				
	Austin, TX 78722		Check if travel of	outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ir	nstructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 95/247 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lee, Jennifer A. 00088259 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 08/31/2024 The First Ask \$868.33 i Staff Time 7 Contributor address; City; State; Zip Code Washington, DC 20003 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

PLE	DGED CONTRIBU	TIONS			SCHEDULE E
T	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 96/247
2 FILER NA				3	Filer ID (Ethics Commission Filers) 00088259
<u></u>	OF UNITEMIZED PLEDO	GES			\$ 0
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID:) 8	Amount of pledge (\$) 9 In-kind description (If applicable)
			Tag.]	Check if travel outside of Texas. Complete Sched
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	nstructi	ions)

	LOANS						SCHE	DULE E	
	The Instructio	on Guide explains how to c	omplete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 97/247				
2	FILER NAME Lee, Jennifer A.				3	Filer ID 000882	(Ethics Commiss	sion Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			L		\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate		
							11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	nstructions)				
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	ed into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Guar	anteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	nstructions)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/01/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/01/2024	ActBlue Texas
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
	Ψ0.55	F.O. BOX 441140
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	олронана. 2 12 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
	Date	Payee name
	07/01/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 2/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	07/02/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.33	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	=
	07/02/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	07/02/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.95	P.O. Box 441146	
	40.00	1161.56% 1122.16	
		Somerville, MA 02144	
	PURPOSE	(1) 2 11	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01	·	_

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/03/2024	ActBlue Texas
6	Amount (\$) \$19.75	7 Payee address; City; State; Zip Code P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2024	ActBlue Texas
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/04/2024	ActBlue Texas
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/05/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000000ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
	07/06/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	_	
	Date	Payee name
	07/06/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.19	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/06/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	07/07/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/08/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.97	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to co		ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		·
	07/08/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$9.88	P.O. Box 441146		
		Somerville, MA 02144		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	07/08/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.17	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/08/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.88	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
-			_	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	07/08/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.88	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	rintion
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		neck if Austin, TX, officeholder living expense
		Dona	ation Processing Fee
_	2		200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/08/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.75	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	1 003	neck if travel outside of Texas. Complete Schedule T.
		1 1	neck if Austin, TX, officeholder living expense ation Processing Fee
		Don't	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	07/10/2024	ActBlue Texas	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	

		Somerville, MA 02144	
	PURPOSE		atout a sa
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Describes	rripuori neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	neck if Austin, TX, officeholder living expense
		Dona	ation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/Of	1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 8/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4	Date 07/10/2024	5 Payee name ActBlue Texas	
6	Amount (\$) \$0.17	7 Payee address; City; State; Zip Code P.O. Box 441146	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/10/2024	Payee name ActBlue Texas	
	Amount (\$) \$19.75	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 07/11/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.24	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		-
	07/11/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$0.17	P.O. Box 441146		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9110	omoc nolu
_	Date	Payee name		
	07/11/2024	ActBlue Texas		
_	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$0.33	P.O. Box 441146	uc	
	Ψ0.00	1.0. BOX 441140		
		Somerville, MA 02144		
	PURPOSE	(6) 0 :	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(0)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
	experience to benefit Gree	·		
	Date	Payee name		
	07/11/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$0.83	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
				Ç
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
1				

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/11/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
L	07/12/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/12/2024	ActBlue Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	P.O. Box 441146
	Ψ39.30	1.O. BOX 441140
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
\vdash		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/12/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Domailor 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/12/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146

		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Operation ONE Wife disease	Out that Off a half are a section of the section of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/13/2024	Payee name
	07/13/2024	ActBlue Texas
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146
	Ф3.95	P.O. Box 441146
		Correct ille MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	. •	2 FILER NAME			Filer ID	(Ethics Commission Filers)
	Sch: 12/149 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name				
	07/13/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code)			
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144	_			
8	PURPOSE OF	, ,	Descr		te of Teyas Com	plete Schedule T.
	EXPENDITURE	Fees		eck if Austin, TX,		
			Dona	tion Proces	sing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/13/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$0.99	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	, ,) Descr			
	EXPENDITURE	Fees		eck if travel outsic eck if Austin, TX,		plete Schedule T. g expense
				tion Proces		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/14/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$0.99	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	, ,) Descr			
	EXPENDITURE	Fees		eck if travel outsic eck if Austin, TX,		plete Schedule T. g expense
				tion Proces		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Political Committee Credit Card Payment		gal Services ne Instruction Guide expla		/ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/149 Rpt:	Lee, Jennifer	Α.					00088259	
4	Date	5 Payee name							
	07/14/2024	ActBlue Texas	5						
6	Amount (\$) \$0.33	7 Payee address; P.O. Box 4412	•	tate; Zip Co	de				
		Somerville, M.	A 02144						
8	PURPOSE OF	(a) Category (See (Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE	Fees				<u> </u>		de of Texas. Com	
						Donation Pro		officeholder living	expense
						Donation Pro	ces	ssing ree	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	eld
	Date	Payee name							
	07/14/2024	ActBlue Texas	5						
	Amount (\$)	Payee address;	City; S	tate; Zip Co	de				
	\$0.17	P.O. Box 441	-	•					
	***-								
		Somerville, M.	A 02144						
	PURPOSE OF	(a) Category (See (Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE	Fees						de of Texas. Com officeholder living	
						Donation Pro			схрепас
						Donation 1 10	000	onig i oo	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Office	holder name	Office sou	ght			Office he	eld
	Date	Payee name							
	07/14/2024	ActBlue Texas	5						
	Amount (\$)	Payee address;	City; S	tate; Zip Co	de				
	\$3.95	P.O. Box 4413		о,р о					
		Somerville, M	A 02144						
	PURPOSE	(a) Category (See (Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
	LAFENDITORE							officeholder living	expense
						Donation Pro	ces	ssing Fee	
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	abt			Office he	ald
	expenditure to benefit C/OI		noider flame	OCC 300	Air			Since He	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/14/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	07/14/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	07/15/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/15/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Power name
	07/15/2024	Payee name ActBlue Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Date	Davies name
	07/16/2024	Payee name ActBlue Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
	Sch: 16/149 Rpt:	Lee, Jennifer A. 00088259	· -,
4	Date	5 Payee name	
	07/16/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Or	n	
	Date	Payee name	
	07/18/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
		20 Marion 1 100000 mg 1 00	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	07/18/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Frocessing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

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 Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 17/149 Rpt:	Lee, Jennifer A.	00088259			
4	Date	5 Payee name	•			
	07/18/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense			
		Donation Pro				
			g .			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/19/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T. I, TX, officeholder living expense			
		Donation Pro				
			3			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/19/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Donation Pro				
			g .			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 18/149 Rpt:	Lee, Jennifer A. 00088259			
4	Date	5 Payee name			
	07/19/2024	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$19.75	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Donation Processing Fee			
		Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
\vdash	Date	Davies same			
		Payee name			
	07/20/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·			
_	_				
	Date	Payee name			
	07/21/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Donation Processing Fee			
		Dollation Flocessing Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontions 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/21/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	07/21/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE V. C. F.	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/22/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/22/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Dollation Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 21/149 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name	•		
	07/22/2024	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7.90	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE OF	, ,) Description		
	EXPENDITURE	Fees	ш	side of Texas. Com X, officeholder living	
			Donation Proce		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/22/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.88	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	, , ,) Description		
	EXPENDITURE	Fees	—	side of Texas. Com X, officeholder living	
			Donation Proce		, . ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office h	eld
	expenditure to benefit C/O	1			
	Date	Payee name			
	07/22/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	EXPENDITURE	Fees		side of Texas. Com X, officeholder living	
			Donation Proce		, . ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office h	eld
L	expenditure to benefit C/O	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	07/22/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.90	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	' 563	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		l 	ocessing Fee
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense DCESSING Fee
		2 3.1.4.10	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		l — l —	ocessing Fee
		25.14.16.11.11	· •
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	07/22/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiordine to benefit C/Or	1	
	Date	Payee name	
	07/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.88	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialitire to beliefit C/Of	1	
	Date	Payee name	
	07/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 24/149 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		•		
	07/22/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$9.88	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descr			
	OF EXPENDITURE	Fees		eck if travel outsid eck if Austin, TX, o		
				ation Proces		ехрепзе
					3	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	07/22/2024	ActBlue Texas				
H	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Descr	ription		
	OF EXPENDITURE	Fees		eck if travel outsid		
				eck if Austin, TX, o		expense
			Dona	ation i rocco	Sing rec	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					
F	Date	Payee name				
	07/23/2024	ActBlue Texas				
H	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$1.98	P.O. Box 441146				
		Somerville, MA 02144				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Descr	ription		
	OF EXPENDITURE	Fees		eck if travel outsid		
	LXI LINDITORL			eck if Austin, TX,		expense
			Dona	ation Proces	any ree	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this fo	rm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Sch: 25/149 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name			
	07/23/2024	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code	9		
	\$1.98	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE OF	,	Descript	tion (if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees		k if Austin, TX, officeholder living expense	
			Donatio	on Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held	
	experientare to benefit G/OI	'			
	Date	Payee name			
	07/23/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$0.99	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	, ,	Descript		
	EXPENDITURE	Fees		x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense	
				on Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/23/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$39.50	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	Descript		
	EXPENDITURE	Fees		x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense	
				on Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
L	expenditure to benefit C/OI	1			

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/24/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	07/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE V. C. F.	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 27/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
\vdash	Date	Davis name
		Payee name
	07/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/28/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxpenditure to beliefft C/Of	

SCHEDULE F1

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

Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gitt/Awards/Memorials Expense Printing E Lenal Services Salaries/N

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	07/28/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	07/28/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.27	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/28/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	07/29/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.88	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	escription
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		D	onation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/30/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	l	escription
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Di	onation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	07/30/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.50	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	escription
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Di	onation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	<u> </u>	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 30/149 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name				
	07/31/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$19.75	P.O. Box 441146				
L		Somerville, MA 02144				
8	PURPOSE OF	,	Descr	ription neck if travel outsid	o of Toyon Com	plata Sahadula T
	EXPENDITURE	Fees		neck if flaver outsid neck if Austin, TX, o		
			Dona	ation Proces	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
L	experialture to beriefit C/O	1				
	Date	Payee name				
L	07/31/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.79	P.O. Box 441146				
L		Somerville, MA 02144				
	PURPOSE OF	,	Descr		a of Toyon Com	plata Cabadula T
	EXPENDITURE	Fees		neck if travel outsid neck if Austin, TX, o		
			Dona	ation Proces	sing Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
L	experialitire to benefit C/OI	'				
	Date	Payee name				
L	08/01/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.40	P.O. Box 441146				
L		Somerville, MA 02144				
	PURPOSE OF	, ,	Descr	ription neck if travel outsid	e of Texas Com	nlete Schedule T
	EXPENDITURE	Fees		neck if Austin, TX, o		
			Dona	ation Proces	sing Fee	
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
L	S. portation to borioni 0/01	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment	The Instruction Guide explains	s how to cor	mplete this form.			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID (Ethics Commission Filer	s)
	Sch: 31/149 Rpt:	Lee, Jennifer A.				00088259	
4	Date	5 Payee name					
	08/01/2024	ActBlue Texas					
3	Amount (\$)	7 Payee address; City; State	e; Zip Co	de			
	\$0.40	P.O. Box 441146					
		Somerville, MA 02144					
8	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description			
	OF EXPENDITURE	Fees	,			side of Texas. Complete Schedule T.	
	EXI ENDITORE			—		C, officeholder living expense	
				Donation Pr	oce	ssilly ree	
_	Complete ONLY if disent	Condidate/Office helder regree	Office			Office hold	
9	Complete ONLY if direct expenditure to benefit C/O		Office sou	Jni		Office held	
	Date	Payee name					
	08/01/2024	ActBlue Texas					
	Amount (\$)	Payee address; City; State	e; Zip Co	de			
	\$0.79	P.O. Box 441146					
		Somerville, MA 02144					
_	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description			
	OF EXPENDITURE	Fees	sinduals)	`	el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE			ш		K, officeholder living expense	
				Donation Pr	oce	ssing Fee	
_							
	Complete ONLY if direct expenditure to benefit C/O		Office sou	ght		Office held	
	Date	Payee name					
	08/01/2024	ActBlue Texas					
	Amount (\$)	Payee address; City; State	e; Zip Co	de			
	\$0.79	P.O. Box 441146					
		Somerville, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the top of this so	chodulo)	(b) Description			
	OF	Fees	Sileduic)		el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Aust	in, TX	C, officeholder living expense	
				Donation Pr	oce	ssing Fee	
	Complete ONLY if direct expenditure to benefit C/O		Office sou	ght		Office held	
_							
0	rms provided by Texas E	thics Commission www.ethics.	.state.tx.u	S		Version V4.1.0.48da	a51f7

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/01/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	08/01/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE V. C. F.	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/01/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somonillo MA 02144	
Ļ	DUDDOCE	Somerville, MA 02144	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
┝	Date	Payee name	
	08/02/2024	ActBlue Texas	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.33	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/02/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Companyillo, MA 02144	
	PURPOSE	Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidata/Officeholder name	Office hold
		Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	r Filers)
	Sch: 34/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/02/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	JH	
	Date	Payee name	
	08/02/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH	
	Date	Payee name	
	08/02/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.90	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	DH 	

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 35/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/03/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.92	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	7
	08/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	08/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Flocessing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 36/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/03/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation 1 1000000ing 1 00	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			
	Date	Payee name	
	08/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	08/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
_	Operation ONE V. C. F.	Open Higher (Office health are nown)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 37/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/03/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
		Donation 1 tooccomy 1 co	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
,	expenditure to benefit C/O	the state of the s	
_	Data		=
	Date	Payee name	
	08/04/2024	ActBlue Texas	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Dullation Floressing rec	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
	Date	Payee name	
	08/04/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Operation ONLY if allowed	Our Middle (Office helder game)	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/04/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/06/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.08	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
	Date	Payee name
	08/06/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
_	Sch: 39/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/07/2024	ActBlue Texas	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to beliefft C/Oi		
	Date	Payee name	
	08/07/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Compreille MA 02144	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Date	Payas name	
	08/07/2024	Payee name	
_		ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiancie to perioni e/eri		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/08/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/09/2024	ActBlue Texas
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 41/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/09/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	٦
	\$1.19	P.O. Box 441146	
	!		
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Donation Processing Fee	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
_	expenditure to benefit C/O	the state of the s	
H	Date	Payee name	\dashv
	08/09/2024	ActBlue Texas	
_			4
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
	!		
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Donation Processing Fee	
	!		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/O		
┝	Date	Payee name	=
	08/10/2024	ActBlue Texas	
_		11 11 11 11	_
	Amount (\$) \$0.17	Payee address; City; State; Zip Code P.O. Box 441146	
	Φ∪.⊥≀	P.O. Box 441140	
	!		
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Donation Processing Fee	
		-	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 42/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/10/2024	ActBlue Texas	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	08/10/2024	ActBlue Texas	
	Amount (\$) \$7.90	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	-
	08/10/2024	ActBlue Texas	
	Amount (\$) \$0.79	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card F ayment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/149 Rpt:		Lee, Jennifer A.		00088259
4	Date	5	Payee name		/
	08/11/2024		ActBlue Texas		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$0.24		P.O. Box 441146		
			Somerville, MA 02144		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Fees	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	Office held
	experientare to benefit Grot	_			
	Date		Payee name		
	08/11/2024		ActBlue Texas		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$0.20		P.O. Box 441146		
			Somerville, MA 02144		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE				Check if Austin, TX, officeholder living expense
					Donation Processing Fee
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	l abt	Office held
	expenditure to benefit C/OI		Candidate/Officeriolder frame Office Soc	igiit	Office field
_	5.	_			
	Date		Payee name		
	08/11/2024		ActBlue Texas		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1.98		P.O. Box 441146		
			Somerville, MA 02144		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Donation Processing Fee
					- ····································
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	L laht	Office held
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	-
	08/11/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		D	Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff c/o	<u>'</u>	
	Date	Payee name	
	08/11/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[Check if Austin, TX, officeholder living expense
		D	Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/11/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	[Check if Austin, TX, officeholder living expense
		D	Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/0	·	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	r Filers)
	Sch: 45/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/12/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.93	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	חת	
	Date	Payee name	
	08/12/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	08/13/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Correspoille, MA 02144	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	·		

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

l	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 46/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		•
	08/13/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$0.79	P.O. Box 441146		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		igiit	Office field
⊨	Date	Dayaa nama		
	08/13/2024	Payee name ActBlue Texas		
L			nd o	
	Amount (\$) \$1.98	Payee address; City; State; Zip Co	Jue	
	Φ1.90	P.O. BOX 441140		
		Companiello MAN 004.44		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	08/13/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$0.79	P.O. Box 441146		
		Somerville, MA 02144		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	lapt	Office held
	expenditure to benefit C/O		igiil	Office Held
\vdash				
L				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 47/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/13/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
<u> </u>	<u></u>		
	Date	Payee name	
	08/13/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	08/13/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
_	Operation ONE VIII	On didn't 10 ff a balden name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 48/149 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		I		
	08/13/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$0.40	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		b) Desc	crintion		
	OF	Fees	_	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE		_	Check if Austin, TX, o		expense
			Don	ation Process	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	experientare to benefit Grot					
	Date	Payee name				
	08/14/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.99	P.O. Box 441146				
l		Somerville, MA 02144				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	cription		
l	OF EXPENDITURE	Fees		check if travel outside		
l	LAI LINDITORE			Check if Austin, TX, o		expense
l			DOII	ation Process	sing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	old.
	expenditure to benefit C/OI	9	iii.		Office fie	au
	Date	Payee name				
	08/14/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Desc			
	EXPENDITURE	Fees		Check if travel outside Check if Austin, TX, o		
				ation Process		rexpense
			5011		Jig . 00	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI				300 110	
\vdash						

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/14/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1000	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Donation Pro	
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/15/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
		Check if Austir Donation Pro	n, TX, officeholder living expense
			70000 Till 1000
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/15/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Check if Austir Donation Pro	n, TX, officeholder living expense
		Bondion	700033111g 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 50/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/15/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.12	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			
	Date	Payee name	
	08/15/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	08/15/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.17	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
_	Operation ONE VIII	On didn't 10 ff a balden name	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 51/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/16/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	10)	
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Donation Pr	ocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Date	Payee name	
	08/16/2024	ActBlue Texas	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.33	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 003	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			ocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	'n	
	Date	Payee name	
	08/16/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.52	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE		
	OF	, , ,	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 — 1 —	in, TX, officeholder living expense
		Donation Pr	ocessing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	<u></u>
-	Sch: 52/149 Rpt:	Lee, Jennifer A. 00088259	,
4	Date	5 Payee name	
•			
	08/16/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.88	P.O. Box 441146	
		Companielle NAA 004 44	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
_	Data	T _	
	Date	Payee name	
	08/16/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Date	Davida nama	
		Payee name	
	08/16/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to com	piete tnis form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 53/149 Rpt:	Lee, Jennifer A.	00088259
4 Date	5 Payee name	•
08/16/2024	ActBlue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	•
		6
\$3.95	P.O. Box 441146	
	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
08/16/2024	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip Cod	ρ
\$0.79	P.O. Box 441146	
Ψ0.19	F.O. BOX 441140	
	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit 6/01	'	
Date	Payee name	
08/17/2024	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$0.09	P.O. Box 441146	
	Compreille MA 02144	
	Somerville, MA 02144	
PURPOSE OF	, ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation Frocessing Fee
Complete CMI V if alia	Condidate/Officeholder norm	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/17/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	08/18/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	08/18/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form	· • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/18/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.24	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	1 000	ravel outside of Texas. Complete Schedule T.
	EXI ENDITORE	,	Austin, TX, officeholder living expense
		Donation	Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
⊨	Date	Payon nama	
	08/18/2024	Payee name ActBlue Texas	
┝	Amount (\$)		
	\$0.20	Payee address; City; State; Zip Code P.O. Box 441146	
	φυ.20	P.O. BOX 441140	
		Companyilla MA 00144	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	N ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 CC3	Austin, TX, officeholder living expense
		,	Processing Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	08/18/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	P.O. Box 441146	
		Somerville, MA 02144	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Fees Check if t	ravel outside of Texas. Complete Schedule T.
l	LAI LINDITORE	·	Austin, TX, officeholder living expense
		Donation	Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment		The Instruction Guide explains how to con	nple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 56/149 Rpt:		Lee, Jennifer A.		00088259
4	Date	5	Payee name		·
	08/18/2024		ActBlue Texas		
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de	
	\$0.79		P.O. Box 441146		
			Somerville, MA 02144		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Donation Processing Fee
					3
9	Complete ONLY if direct		Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	08/18/2024		ActBlue Texas		
	Amount (\$)	T	Payee address; City; State; Zip Coo	de	
	\$0.40		P.O. Box 441146		
			Somerville, MA 02144		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Donation Processing Fee
					2 c
	Complete ONLY if direct		L Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	08/18/2024		ActBlue Texas		
	Amount (\$)		Payee address; City; State; Zip Coo	de	
	\$197.50		P.O. Box 441146		
			Somerville, MA 02144		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Donation Processing Fee
	Complete ONLY if direct		L Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	Н	·		
1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 57/149 Rpt:	Lee, Jennifer A. 00088259		
4 Date	5 Payee name		
08/18/2024	ActBlue Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$0.16	P.O. Box 441146		
Ψ0.10	1.0. Box 1.111.0		
	0		
	Somerville, MA 02144		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Donation Processing Fee		
	Donation Frocessing Fee		
0 O	Outside to 10ff and address of the second to		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/18/2024	ActBlue Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.79	P.O. Box 441146		
	Somerville, MA 02144		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Donation Processing Fee		
	Bonation 1 rocessing ree		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OF			
Date	Payee name		
08/19/2024	ActBlue Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.33	P.O. Box 441146		
	Somerville, MA 02144		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Donation Processing Fee		
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF			
	·		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 58/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/19/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/19/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Tours Complete Cohedule T
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Donation Pr	ocessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantific to beliefit G/OI		
	Date	Payee name	
	08/19/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somonillo MA 02144	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Donation Pr	ocessing Fee
			-
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/19/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Payso nama
	08/21/2024	Payee name ActBlue Texas
L		10.000
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Davida marra
	Date 08/21/2024	Payee name ActBlue Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Dollation Flocessing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	
\vdash		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 60/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/22/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	tin, TX, officeholder living expense
		Donation P	rocessing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi		
	Date	Payee name	
	08/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	al autoida of Tayan Complete Cabadula T
	EXPENDITURE	1003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Donation P	rocessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	08/22/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1663	tin, TX, officeholder living expense
		Donation P	rocessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/22/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000001111g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	08/22/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	_	
	Date	Payee name
	08/22/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Dollation Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 62/149 Rpt:	Lee, Jennifer A.	00088259
4	Date 08/22/2024	5 Payee name ActBlue Texas	
6	Amount (\$) \$0.09	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	-	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/22/2024	Payee name ActBlue Texas	
	Amount (\$) \$39.50	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/23/2024	Payee name ActBlue Texas	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	m.		
1	Total pages Schedule F1:	FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 63/149 Rpt:	Lee, Jennifer A.		00088259	
4	Date	Payee name	<u> </u>		
	08/23/2024	ActBlue Texas			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	on		
	OF EXPENDITURE			e of Texas. Com	plete Schedule T.
	EXPENDITORE			fficeholder living	expense
		Donation	n Process	sing Fee	
_	Operation ONE V if dispose	Open district (Office Includes a second		O#: I-	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eia
_					
	Date	Payee name			
	08/23/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.98	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE	A) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 003		e of Texas. Com fficeholder living	plete Schedule T.
			n Process		Гехрепае
				9	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	Ç			
	Date	Payee name			
	08/24/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.20	P.O. Box 441146			
	70.20				
		Somerville, MA 02144			
	DUDDOCE				
	PURPOSE OF	(b) Description Category (See Categories listed at the top of this schedule)		e of Texas. Com	plete Schedule T.
	EXPENDITURE	1 663		fficeholder living	
		Donation	n Process	sing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/24/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000001111g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
	08/24/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	08/25/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 65/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/25/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation 1 1000001111g 1 00	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
<u> </u>	<u> </u>		
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.09	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.17	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
_	Operation ONE VIII II	On didn't 10 ff a balden name	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	08/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
	**	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Occasional CNII V if alice at	Out district Office held an arrange of the second state of the sec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/26/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 441146
	\$0.33	P.O. Box 441146
		Companillo MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7
-		

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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Date	Power name
	08/26/2024	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	08/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 68/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	08/26/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.83	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.
	LAPENDITORE		TX, officeholder living expense
		Donation Pro	cessing Fee
_	Complete ONLY if direct	Candidate/Officeholder some	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.09	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.
		Check if Austin, Donation Pro	TX, officeholder living expense
		Donation Fro	cessing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
_	Data	Davis and	
	Date 08/26/2024	Payee name ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.04	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Donation Pro	
		Solitation	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/26/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.09	P.O. Box 441146	
l			
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Date	Power name	
	08/26/2024	Payee name ActBlue Texas	
L			
	Amount (\$) \$0.09	Payee address; City; State; Zip Code P.O. Box 441146	
	φυ.υ9	F.O. Box 441140	
		Correspoille, MA 00144	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/26/2024	ActBlue Texas
┝		10.000
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida marra
	08/26/2024	Payee name ActBlue Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	
\vdash		

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 71/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/26/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.33	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing rec	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.12	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Donation Processing rec	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	5 .		
	Date	Payee name	
	08/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.04	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONII V if direct	Condidate/Officeholder name Office cought	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
		_		The Instruction G	uide explains r	now to col	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 72/149 Rpt:		Lee, Jennife	er A.						00088259		
4	Date	5	Payee name									
	08/26/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3.95		P.O. Box 44	1146								
			Somerville, I	MA 02144								
8	PURPOSE	(a)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e Categories listed at	the ten of this cohe	adula)	(b)	Description				
	OF	``	Fees	e Calegories listed at	the top of this sche	edule)	()	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003					=		officeholder livin		
								Donation Pro	ces	sing Fee		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/26/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.40		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(2)				I	(h)	Description				
	OF	(a)	Fees	e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		rees					<u></u>		officeholder livin		
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/26/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$0.25		P.O. Box 44		,							
	7											
			Somerville, I	MA 02144								
	DUDDOCE	(-)				1	/l=\	5				
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(a)	Description Check if travel of	nutsii	de of Texas Cor	nplete Schedule T.	
	EXPENDITURE		Fees							officeholder livin		
								Donation Pro			- '	
										-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI											

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 73/149 Rpt:	Lee, Jennifer A.		(00088259	
4	Date	5 Payee name		I		
	08/26/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$0.04	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		b) Desc	rintion		
	OF	Fees		theck if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE		_	theck if Austin, TX, o		expense
			Don	ation Process	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	experientare to benefit Grot					
	Date	Payee name				
	08/26/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.09	P.O. Box 441146				
l		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	cription		
l	OF EXPENDITURE	Fees		theck if travel outside		
l				theck if Austin, TX, called the control of the called t		expense
			Don	ialion Floces	sing rec	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald
	expenditure to benefit C/OI	•			Office fic	Siu -
-	Data	Barrara				
	Date 08/26/2024	Payee name ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.40	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	,	b) Desc		T O	ulata Cabadula T
	EXPENDITURE	Fees		theck if travel outside theck if Austin, TX, c		
				ation Process		, охронов
					-	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI					
H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 74/149 Rpt:	Lee, Jennife	r A.					00088259	
4	Date	5 Payee name							
	08/26/2024	ActBlue Tex	as						
6	Amount (\$)	7 Payee addres	•	State; Zip Co	ode				
	\$0.40	P.O. Box 44	1146						
		Somerville, I	MA 02144						
8	PURPOSE OF		e Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees				_		de of Texas. Com officeholder living	
						Donation Pro			,
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	08/26/2024	ActBlue Tex	as 						
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode				
	\$0.40	P.O. Box 44	1146						
		Somerville, I	MA 02144						
	PURPOSE	(a) Category (See	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				<u></u>		de of Texas. Com	
						Donation Pro		officeholder living	expense
						Donation	000	oning i cc	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI	Η							
	Date	Payee name							
	08/26/2024	ActBlue Tex	as						
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode				
	\$0.40	P.O. Box 44	1146						
		Somerville, I	MA 02144						
	PURPOSE	(a) Category (See	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						Donation Pro		officeholder living	expense
						Donation F10	ou:	only i de	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O			255 500	9.70			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 75/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
	Ψ0.20	1.0. 000 441140
		Companilla MA 00444
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation 1 100000111g 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
	Ψ3.93	F.O. Box 441140
		Companilla MA 00444
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		25 mailon 1 100000 mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.25	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Flocessing Fee
_	Operation ONLY if allowed	On alidate (Office halder game)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 77/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/27/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation Processing Fee
<u> </u>	Complete ONI V if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation 1 1000000ing 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davis same
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.25	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONII V if allows at	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 78/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/27/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u></u>	
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	5 .	
	Date	Payee name
	08/27/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.16	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE VIII	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 2 20 3/01	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 79/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	08/27/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE) Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L	- CAPCHARATO TO DOMONE GAO		
	Date	Payee name	
	08/27/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	P.O. Box 441146	
l		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Donation Processing Fee
			Donation Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		office field
-	Data	David variety	
	Date 08/28/2024	Payee name ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	•
	\$0.40	P.O. Box 441146	
		0 "" 144 00444	
		Somerville, MA 02144	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			-
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
H			

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 Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 80/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		·
	08/28/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.99	P.O. Box 441146		
l				
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description
	OF EXPENDITURE	Fees	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L D	Oonation Processing Fee
				J
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	08/28/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$0.40	P.O. Box 441146		
l				
l		Somerville, MA 02144		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l			F	Check if Austin, TX, officeholder living expense Conation Processing Fee
			D	voliditor i rocessing i ee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	•		
F	Date	Payee name		
	08/28/2024	ActBlue Texas		
H	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1.98	P.O. Box 441146		
l				
l		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE		Ë	Check if Austin, TX, officeholder living expense
			D	Onation Processing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			Sind Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 81/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/29/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	08/29/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	_	
	Date	Payee name
	08/29/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Co	mmittee Legal Services S The Instruction Guide explains ho			oTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 82/149 Rpt:		Lee, Jennifer A.			00088259
4	Date	5	Payee name			
	08/29/2024		ActBlue Texas			
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	le	
	\$0.99		P.O. Box 441146			
			Somerville, MA 02144			
8	PURPOSE	(2)		1,	(h)	Description
0	OF	l (a)	Category (See Categories listed at the top of this schedules Fees	dule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		F663			Check if Austin, TX, officeholder living expense
						Donation Processing Fee
9	Complete ONLY if direct		Candidate/Officeholder name Off	fice soug	ht	Office held
	expenditure to benefit C/OI	Η				
	Date		Payee name			
	08/29/2024		ActBlue Texas			
	Amount (\$)		Payee address; City; State;	Zip Cod	le	
	\$5.93		P.O. Box 441146			
			Somerville, MA 02144			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule) ((b)	Description
	OF EXPENDITURE		Fees			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Donation Processing Fee
						Donation Processing Fee
	0 1: 0 1: 0	<u> </u>				0"
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice soug	Int	Office held
		_				
	Date		Payee name			
	08/29/2024		ActBlue Texas			
	Amount (\$)		Payee address; City; State;	Zip Cod	le	
	\$1.98		P.O. Box 441146			
			Somerville, MA 02144			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule) ((b)	Description
	OF EXPENDITURE		Fees			Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE					Check if Austin, TX, officeholder living expense
						Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice soug	ht	Office held
	experience to beliefft C/OI	•				

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 83/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/29/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	08/30/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 84/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	·
	08/31/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	9
	\$19.75	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
Ļ	0 1: 0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held
	Date	Payee name	
	08/31/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	e
	\$19.75	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O		it Office field
	Data		
	Date 08/31/2024	Payee name ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Donation Processing Fee
			25. Autor 1 100055 fly 1 00
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O		Onice neid
l			

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 85/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	09/01/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	'	Description
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	·	Description
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/03/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.83	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if traver outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
		[Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 86/149 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 09/03/2024	5 Payee name ActBlue Texas		·
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Coo P.O. Box 441146 Somerville, MA 02144	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 09/03/2024	Payee name ActBlue Texas		
	Amount (\$) \$3.95	Payee address; City; State; Zip Coor P.O. Box 441146 Somerville, MA 02144	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 09/03/2024	Payee name ActBlue Texas		
	Amount (\$) \$1.98	Payee address; City; State; Zip Coo P.O. Box 441146	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/04/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/04/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/04/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete th	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 88/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	·
	09/04/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	EXPENDITURE	1000	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		l	nation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/04/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	EXPENDITURE	1003	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			nation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	09/04/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
	EXPENDITURE	1 663	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			nation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 89/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/04/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000000ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	09/04/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	_	
	Date	Payee name
	09/04/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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 Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 90/149 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		•		
	09/04/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$1.98	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desci			
	OF EXPENDITURE	Fees		neck if travel outsid neck if Austin, TX, o		
				ation Proces		ехрепзе
					- 3	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	09/04/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$1.98	P.O. Box 441146				
		Somerville, MA 02144				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desci	ription		
l	OF EXPENDITURE	Fees		neck if travel outsid		
				neck if Austin, TX, on the contraction Process		expense
			Done	ation Froces.	sing rec	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					
F	Date	Payee name				
	09/05/2024	ActBlue Texas				
H	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$1.98	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desci	ription		
	OF EXPENDITURE	Fees		neck if travel outsid		
	EXI ENDITORE			neck if Austin, TX, o		expense
			טטומ	ation Proces	sing ree	
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI		••		Cilioc He	
-						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 91/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/05/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	09/05/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/06/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 92/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4	Date 09/06/2024	5 Payee name ActBlue Texas	I
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/06/2024	Payee name ActBlue Texas	
	Amount (\$) \$1.78	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/06/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mpl	plete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 93/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	09/06/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$3.95	P.O. Box 441146		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation Flocessing Fee
<u>a</u>	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>laht</u>	t Office held
J	expenditure to benefit C/Ol		igill	Cince nea
	Date	Davis vers	—	
	09/06/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.99	Payee address; City; State; Zip Co	oue	
	\$0.99	P.O. BOX 441146		
		0		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>lght</u>	t Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	09/06/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$9.88	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Fees	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
			Ļ	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıght	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 94/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	09/07/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$7.90	P.O. Box 441146		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	09/07/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1.98	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held
	expenditure to benefit C/OI		ugnt	Office field
	Data	D		
	Date 09/08/2024	Payee name ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$9.88	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		-9'''	555 Hold
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 95/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/09/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	09/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
	Ψ1.90	1.0. 000 441140
		Companilla MA 00444
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		25 Mailor 1 100000 mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
	70.20	. 18. 28. 1.22.18
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	a category not listed a	above)
				The Instruction G	uide explains r	now to col	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 96/149 Rpt:		Lee, Jennife	r A.						00088259		
4	Date	5	Payee name									
	09/09/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3.95		P.O. Box 44	1146								
			Somerville, I	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF		Fees			,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Donation Pro	ces	ssing Fee		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	experiorure to beriefit C/Or	1										
	Date		Payee name									
	09/09/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.99		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(a)		e Categories listed at			(b)	Description				
	OF	``	Fees	e Categories listed at	the top of this scrie	edule)	(- ,	`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	TX,	officeholder livin	g expense	
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	7										
	Date		Payee name									
	09/09/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.99		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı	Fees			,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE									officeholder livin	g expense	
								Donation Pro	ces	sing Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	experience to beliefft C/Of	•										

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 97/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/09/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/09/2024	ActBlue Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
	Ψ0.00	1101.50% 1122.10
		Somerville, MA 02144
┝	PURPOSE	(a) a
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	_	
	Date	Payee name
	09/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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	l Cor		Gift/Awards/Memoria Legal Services The Instruction C	Is Expense		pens ages	e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	d above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 98/149 Rpt:		Lee, Jennife	er A.						00088259		
4	Date	5	Payee name									
	09/09/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3.95		P.O. Box 44	1146								
L			Somerville,	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees								plete Schedule T.	
								—		officeholder living	g expense	
								Donation Pro	ces	sing Fee		
_												
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
lacksquare		_										
	Date		Payee name									
L	09/09/2024	L	ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de	·				
	\$9.88		P.O. Box 44	1146								
			Somerville,	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description	_			
	OF EXPENDITURE		Fees					=			plete Schedule T.	
								Donation Pro		officeholder living	i evherize	
								2011au0111110	-003	.c.iig i cc		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/Oh					5504	٠.٠٠			200 110	- -	
H	Date		Payee name									
	09/09/2024		ActBlue Tex	as								
					Ctoto	Zin Ca	de					
	Amount (\$)		Payee address		State;	Zip Co	ue					
	\$0.99		P.O. Box 44	1140								
			Somerville,	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		Fees								plete Schedule T.	
								Donation Pro		officeholder living	g expense	
								טטומנוטוו 210	UC 5	sing ree		
_	Complete ONLY if direct	L	Pandidate/Offic	ceholder name		Office sou	aht			Office he	əld	
	expenditure to benefit C/O		zanaidate/Offic	JOHOINEI HAIHE		ZIIIOE SUUļ	grit			Onice He	Jiu	
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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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 99/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/09/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donaton Processing Foo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
	Data	
	Date 09/09/2024	Payee name ActBlue Texas
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146
	Φ3.95	P.O. BOX 441140
		Somerville, MA 02144
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card i ayment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 100/149 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	09/09/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	nde	
٠	\$1.98	P.O. Box 441146	Juc	
	Ψ1.50	1.0. Box 441140		
		0		
		Somerville, MA 02144		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
				Donation Frocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
9	expenditure to benefit C/O		ignt	Office field
	Date	Payee name		
	09/10/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$0.99	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	 `´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 555		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/10/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$0.17	P.O. Box 441146		
	Ψ0.11	1.0.300 1.1110		
		Comon illo MA 02144		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Donation Processing Fee
				20
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iabt	Office held
	expenditure to benefit C/O		ıyıll	Office field
	•			

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.	Tiot listed above)
1	Total pages Schedule F1:		s Commission Filers)
	Sch: 101/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	09/10/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	nedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	9
		Donation Processing Fee	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	09/10/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	9
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	09/10/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	;
		Donation 1 Toccsoning 1 cc	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 102/149 Rpt:	2 FILER NAME Lee, Jennifer A. 3 Filer ID (Ethics Commission Filers) 00088259	
4	Date 09/10/2024	5 Payee name ActBlue Texas	
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/10/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	_
	Date 09/10/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
L		_		The Instruction C	Suide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 103/149 Rpt:		Lee, Jennif	er A.						00088259		
4	Date	5	Payee name									
	09/10/2024		ActBlue Te									
<u>_</u>	Amount (\$)	 	Payee addre	ss; City;	Ctoto:	; Zip Co	do					
ľ		ľ			Siale,	, Zip Co	ue					
l	\$3.95		P.O. Box 4	+1140								
l												
l			Somerville,	MA 02144								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees	-				Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							—		officeholder livir	ng expense	
								Donation Pro	ces	ssing Fee		
9	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Η										
F	Date		Payee name									
	09/11/2024		ActBlue Te									
H	Amount (\$)	\vdash	Payee addre	ss; City;	State:	Zip Co	de					
	\$0.24		P.O. Box 4	-	Otato,	, <u>Lip</u> 00	uo					
	Ψ0.24		F.O. DOX 44	+1140								
L			Somerville,	MA 02144								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			mplete Schedule T.	
								_		officeholder livir	ng expense	
								Donation Pro	CES	ssing ree		
┡	2	<u> </u>	. "									
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office h	neld	
L		_										
	Date		Payee name									
	09/11/2024		ActBlue Te	xas								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$1.98		P.O. Box 4	41146								
l			Somerville,	MA 02144								
L		ļ.,				1						
	PURPOSE OF	(a) 		ee Categories listed at	the top of this sch	edule)	(b)	Description	outoi	do of Toyon Co	malata Sahadula T	
	EXPENDITURE		Fees							officeholder livir	mplete Schedule T.	
								Donation Pro			. д одренос	
\vdash	Complete ONLY if direct	Ц,	^andidate/Off	ceholder name		Office sou	abt			Office h	neld	
	expenditure to benefit C/OI		oai iuiuate/OII	conduct name		Jinue Suu	grit			Office I	iciu	
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 104/149 Rpt:	Lee, Jennifer A.	00088259
4 Date	5 Payee name	•
09/11/2024	ActBlue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	9
\$3.95	P.O. Box 441146	
	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	p) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
<u> </u>		
Date	Payee name	
09/11/2024	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$130.35	P.O. Box 441146	
	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		2 0.1.d. 10.1.00000
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		
Date	Payee name	
09/11/2024	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip Cod	
\$0.99	P.O. Box 441146	
,,,,,		
	Somerville, MA 02144	
PURPOSE		N Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	 Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	٦	

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 105/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/11/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.60	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Т	Date	Payee name
	09/11/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.90	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/11/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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: 106/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/11/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hald
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	09/12/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Flocessing Fee
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	09/12/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
L		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 107/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers 00088259
4	Date 09/12/2024	5 Payee name ActBlue Texas	I
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/13/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/13/2024	Payee name ActBlue Texas	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1: Sch: 108/149 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 09/13/2024	5 Payee name ActBlue Texas		
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Coor P.O. Box 441146 Somerville, MA 02144	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date 09/13/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.99	Payee address; City; State; Zip Coor P.O. Box 441146 Somerville, MA 02144	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
	Date 09/13/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.17	Payee address; City; State; Zip Coo P.O. Box 441146	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 109/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/13/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.90	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Defination 1 1000000 ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	09/14/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146

		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Operation ONLY if disease	Openhalte Office helds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/14/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	P.O. Box 441146
		Companilla, MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 110/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/14/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	09/14/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.07	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/14/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 111/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/15/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.28	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	09/15/2024	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/15/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 112/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/15/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		25 hallon i 100000 mg i 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/16/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.74	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/16/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 113/149 Rpt:	Lee, Jennit	er A.					00088259		
4	Date	5 Payee name	•							
	09/16/2024	ActBlue Te	xas							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$0.09	P.O. Box 4	41146							
		Somerville	MA 02144							
8	PURPOSE OF		See Categories listed at the to	pp of this schedule)	(b)	Description				
	EXPENDITURE	Fees				_		ide of Texas. Com , officeholder living		
						Donation Pro			expense	
						Donation		osing rec		
_	Commission ONII V if disposi	Canadidate/Of	ii a ala al al a u ua a a a	O#i				Office he	al al	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office he	eia	
	Date	Payee name)							
	09/16/2024	ActBlue Te	xas							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$1.47	P.O. Box 4	41146	•						
	····									
		Somerville	MA 02144							
	PURPOSE	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u></u>		ide of Texas. Com		
						—		, officeholder living	expense	
						Donation Pro	ces	ssing Fee		
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<u> </u>							
	09/16/2024	ActBlue Te								
	Amount (\$)	Payee addre		State; Zip C	odo					
	\$0.99	P.O. Box 4		State, Zip C	oue					
	Ф0.99	P.O. BOX 4	41140							
		Somerville	MA 02144							
	PURPOSE	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u></u>		ide of Texas. Com		
	2/11/2/10/11/2/12					_		, officeholder living	expense	
						Donation Pro	ces	ssing Fee		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	experiencies to benefit C/OI	1								
_										
	<u>-</u>									0.401.545

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 114/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/16/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 100000 ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	09/16/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date 09/16/2024	Payee name ActBlue Texas
	Amount (\$) \$0.72	Payee address; City; State; Zip Code P.O. Box 441146
	φ0.72	F.O. BOX 441140
		Somerville, MA 02144
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 115/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/16/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	09/16/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/17/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 116/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	09/17/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	09/17/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Schedule T	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Oi		_
	Date	Payee name	
	09/18/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.33	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/Of	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 117/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/18/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.04	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		2 on all on the second of the
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/18/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 118/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/18/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000000ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	09/19/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	09/19/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:)
	Sch: 119/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	09/19/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fee	
		Bondaion Frocessing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date	Pouro nomo	
	09/19/2024	Payee name ActBlue Texas	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
L		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	09/19/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
\vdash			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 120/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	09/19/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	09/19/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
	5.	_	
	Date	Payee name	
	09/19/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Sind field
\vdash			

SCHEDULE F1

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

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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 121/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/20/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davisa nama
	09/20/2024	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation (100000) 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/20/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.04	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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 Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 122/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4	Date 09/20/2024	5 Payee name ActBlue Texas	,
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	<u> </u>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/20/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.33	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/20/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.17	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
	·			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 123/149 Rpt:		Lee, Jennife	er A.						00088259		
4	Date	5	Payee name									
	09/21/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3.95		P.O. Box 44	1146								
			Somerville, I	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF		Fees	Ü	·	ĺ		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	ig expense	
								Donation Pro	ces	sing Fee		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/21/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$9.88		P.O. Box 44	1146								
			Somerville, I	ΜΛ Ω2144								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description			on late Calendala T	
	EXPENDITURE		Fees					<u></u>		officeholder livin	nplete Schedule T.	
								Donation Pro			ig experise	
								Donation 1 10	000	ising rec		
_	Complete ONLY if direct	<u>_</u>	Candidate/Offic	poholder name		Office cour	aht			Office h	vold	
	Complete ONLY if direct expenditure to benefit C/O		Januluale/Onic	centituer manne	C	Office sou	gnt			Office fi	ieiu	
	·	_										
	Date		Payee name									
	09/22/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$0.40		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sole	adula)	(b)	Description				
	OF	 `´	Fees	e categories listed at	are top or triis sort	cuuic)	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder livin	g expense	
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	expenditure to benefit C/O											
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 124/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/22/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.60	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	09/22/2024	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name ActBlue Texas
	09/22/2024	11 11 11 11
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 125/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/22/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/23/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name ActBlue Texas
	09/23/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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 Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 126/149 Rpt:	2 FILER NAME			Ethics Commission Filers)
_	•	Lee, Jennifer A.		0088259	
4	Date 09/23/2024	5 Payee name ActBlue Texas			
6	Amount (\$) \$0.25	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144			
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of the Check if Austin, TX, offithe Donation Processing Check in Processing Check in Check in Check if Austin, TX, offithe Check in Check	ceholder living ex	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held	
	Date 09/23/2024	Payee name ActBlue Texas			
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146			
	PURPOSE OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Check if Austin, TX, offi Donation Processing	ceholder living ex	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held	
	Date 09/23/2024	Payee name ActBlue Texas			
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of the Check if Austin, TX, offin Donation Processing	ceholder living ex	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 127/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4	Date Date	5 Payee name	0000233
	09/23/2024	ActBlue Texas	
6	Amount (\$) \$0.17	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8	PURPOSE		Providetica
o	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/24/2024	ActBlue Texas	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 128/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/24/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.33	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation 1 1000001111g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	09/25/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	_	
	Date	Payee name
	09/25/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Dollation Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 129/149 Rpt:	2 FILER NAME Lee, Jennifer A.	3	Filer ID 00088259	(Ethics Commission Filers)
4	Date 09/25/2024	5 Payee name ActBlue Texas	,		
6	Amount (\$) \$7.90	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144			
8	PURPOSE OF EXPENDITURE		Description Check if travel outs Check if Austin, TX Donation Proce	K, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date 09/25/2024	Payee name ActBlue Texas			
	Amount (\$) \$1.58	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144			
	PURPOSE OF EXPENDITURE		Description Check if travel outs Check if Austin, TX Donation Proce	K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date 09/26/2024	Payee name ActBlue Texas			
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outs Check if Austin, TX Donation Proce	K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete t	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 130/149 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name			
	09/26/2024	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code	le		
	\$0.09	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
			Do	Check if Austin, TX, officeholder living expense Onation Processing Fee	
				onation in coosessing it do	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI	H			
H	Date	Payee name			_
	09/26/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code	le		_
	\$0.17	P.O. Box 441146			
	**				
		Somerville, MA 02144			
_	PURPOSE	(-) -	h) Do	escription	_
	OF	(a) Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	. 555		Check if Austin, TX, officeholder living expense	
			Do	onation Processing Fee	
					_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
	·				_
	Date	Payee name			
	09/26/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code	le		
	\$3.95	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	,	(b) De	escription	
	EXPENDITURE	Fees	H	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			Do	onation Processing Fee	
				•	
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	_
	expenditure to benefit C/OI				

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 131/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Defial of Treesessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/OI	
	Date	Payee name
	09/26/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.94	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 09/26/2024	Payee name ActBlue Texas
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146
	φ3.93	F.O. Box 441140
		Somerville, MA 02144
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	'

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 132/149 Rpt:	Lee, Jennifer A. 00088259					
4	Date	5 Payee name					
	09/26/2024	ActBlue Texas					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$7.11	P.O. Box 441146					
		Somerville, MA 02144					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Donation Processing Fee					
		Donation Frocessing Fee					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
"	expenditure to benefit C/OI						
⊨							
	Date	Payee name					
L	09/26/2024	ActBlue Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$0.40	P.O. Box 441146					
		Somerville, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Donation Processing Fee					
L							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
┕	·						
	Date	Payee name					
L	09/26/2024	ActBlue Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.95	P.O. Box 441146					
		Somerville, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Donation Processing Fee					
<u> </u>	Commission ON II V 15 allians	Condidate/Officeholder name					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L							
L							

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 133/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	09/26/2024	Payee name
		ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/26/2024	Payee name ActBlue Texas
		11 11 11 11
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donaiton i Tocessing i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 134/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/26/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
┝	Date	Davies name
	09/26/2024	Payee name ActBlue Texas
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Freedoming 1 00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	B
	Date 09/26/2024	Payee name ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.18	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Sommer 1 100000 mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 135/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	09/26/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.88	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 669	TX, officeholder living expense
		Donation Proc	essing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialitire to belieff C/Of	л	
	Date	Payee name	
	09/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Donation Proc	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	OH	
	Date	Payee name	
	09/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	TX, officeholder living expense
		Donation Proc	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	חע	

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 (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 136/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/25/2024	Belton Educational Enrichment Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	400 N. Wall St.
		Belton, TX 76513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	09/20/2024	Campaign Verify, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1215 31st St. NW, P.O. Box 3554
		Washington, DC 20007-9998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		10DLC Verification
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/29/2024	Checkmark Typesetting
	Amount (\$)	Payee address; City; State; Zip Code
	\$378.88	3217 N. IH-35
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Campaign Literature
		Sampaign Endiated
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

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

l	Credit Card Payment	The Instruction Guide expla		-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 137/149 Rpt:	Lee, Jennifer A.			00088259
4	Date	5 Payee name			<u>'</u>
	07/08/2024	Collective Campaigns			
6	Amount (\$)	7 Payee address; City; St	ate; Zip Cod	de	
	\$3,740.37	1124 Desert Willow Lp.			
		Austin, TX 78748			
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense			Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense General Consulting Fee
					Contrat Consulting 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/O			,	
F	Date	Payee name			
	07/22/2024	Collective Campaigns			
H	Amount (\$)	Payee address; City; St	ate; Zip Cod	de	
	\$1,603.38	1124 Desert Willow Lp.			
		Austin, TX 78748			
H	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense	ŕ		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense General Consulting Fee
					Ceneral Consulting Fee
┝	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/29/2024	Collective Campaigns			
	Amount (\$)	Payee address; City; St	ate; Zip Cod	de	
	\$2,525.50	1124 Desert Willow Lp.			
		Austin, TX 78748			
	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense			Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense General Consulting Fee
					Contrat Consulting 1 cc
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/O	1			
Г					

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 Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 138/149 Rpt:	Lee, Jennifer A. 00088259					
4	Date	5 Payee name	_				
	07/29/2024	Collective Campaigns					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$4,642.60	1124 Desert Willow Lp.					
		Austin, TX 78748					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EVENDITURE	Consulting Expense Consulting Expense Consulting Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		General Consulting Fee					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	'		_				
	Date	Payee name					
	08/22/2024	Collective Campaigns					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,868.58	1124 Desert Willow Lp.					
		Austin, TX 78748					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense General Consulting Fee					
		General Consulting Fee					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
	Date	Payee name	_				
	09/05/2024	Collective Campaigns					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$2,261.69	1124 Desert Willow Lp.					
	, _,						
		Austin, TX 78748					
_	PURPOSE		_				
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense					
		General Consulting Fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experiulture to beliefit C/OI	1					

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 Labor

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

OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 139/149 Rpt: Lee, Jennifer A. 00088259 4 Date Payee name 09/18/2024 Collective Campaigns 6 Amount (\$) Payee address; State; Zip Code \$4,036.53 1124 Desert Willow Lp. Austin, TX 78748 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense General Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/05/2024 Fuerza Strategies, LLC. Amount (\$) Payee address; City; State; Zip Code \$2,000.00 3415 Navajo Ct. Dallas, TX 75224 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fundraising Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2024 Fuerza Strategies, LLC. Amount (\$) Payee address; City: State; Zip Code \$2,500.00 3415 Navajo Ct. Dallas, TX 75224 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fundraising Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 140/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/11/2024	Fuerza Strategies, LLC.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	3415 Navajo Ct.
		Dallas, TX 75224
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/25/2024	Gonzalez, Kenith
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	9301 Oak Hills Dr.
		Temple, TX 76502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Digital Consulting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/26/2024	Gonzalez, Kenith
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,712.00	9301 Oak Hills Dr.
	+ =,: ==:00	
		Temple, TX 76502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Consulting Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 141/149 Rpt:	Lee, Jennifer A.		00088259			
4	Date	5 Payee name		-			
	07/02/2024	Google, LLC.					
6	Amount (\$)	7 Payee address; City; State; Zip Code	e				
	\$61.40	1600 Amphitheatre Pkwy.					
		Mountain View, CA 94043					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description			
	OF	Office Overhead/Rental Expense	[Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense			
			ŀ	Email Services			
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held			
	'						
	Date	Payee name					
	08/02/2024	Google, LLC.					
	Amount (\$)	Payee address; City; State; Zip Code	е				
	\$61.40	1600 Ampitheater Pkwy.					
l		Mountain View, CA 94043					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	Į	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
l			L L	Check if Adsitif, 17, Officerolider living expense Web Domain/Email Hosting			
l		web Domain Email Hosting					
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held			
	expenditure to benefit C/OI						
	Date	Payee name					
	09/03/2024	Google, LLC.					
	Amount (\$)	Payee address; City; State; Zip Code	e				
	\$61.40	1600 Ampitheater Pkwy.	•				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		Mountain View, CA 94043					
	PURPOSE		h) r	Docaviation			
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	י, נט]	Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Nertal Expense	į	Check if Austin, TX, officeholder living expense			
l			١	Web Domain/Email Hosting			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held			
	experientale to beliefft G/OI	•					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 142/149 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	08/15/2024	Greater Killeen Chamber of Commerce
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 548 Killeen, TX 76540
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Tickets
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Greater Killeen Chamber of Commerce
	Amount (\$) \$80.00	Payee address; City; State; Zip Code P.O. Box 548
	DUDDOCE	Killeen, TX 76540
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Tickets
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Harker Heights Chamber of Commerce
	Amount (\$) \$134.91	Payee address; City; State; Zip Code 552 E. FM 2410
		Harker Heights, TX 76548
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Tickets
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 143/149 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	08/14/2024	Healer Printing & Office Supply	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.49	906 Franklin Ave.	
		Waco, TX 76701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense Campaign Literature
			ampaign Eliciature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		000
_	Date	Payee name	
	07/22/2024	Innovation Black Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	205 E. Ave. D	

		Killeen, TX 76541	
_	PURPOSE		escription
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Livent Expense	Check if Austin, TX, officeholder living expense
		Ev	vent Tickets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- CAPETIGITATE TO DETICITE CAPET	·	
	Date	Payee name	
	09/12/2024	Mayes III, Wendell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$681.91	16813 Constantinople Ln.	
		Round Rock, TX 78664	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Canvassing
			arracomg
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 144/149 Rpt:	Lee, Jennif						00088259		
4	Date	5 Payee name								
	09/09/2024	NGP VAN								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$137.25	655 15th S	t. NW, Ste. 650							
		Washingto	n, DC 20005							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			_		de of Texas. Comp		
						Digital Service		officeholder living	expense	
						Digital Scivic	CS			
_	0 1: 01:11/11/11	0 "1 : '0"		0,11	<u> </u>			011111		
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıgnt			Office he	Ia	
	Date	Payee name	1							
	07/29/2024	Run Sister	Run PAC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$350.00	P.O. Box 6	6470							
		Houston, T	X 77266							
	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE		ns/Donations Made			=		de of Texas. Comp		
		Candidate/	Officeholder/Politica	ai Committee		Donation	, 1,	officeholder living	expense	
						Donation				
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ıld	
	expenditure to benefit C/O		icentiaer name	Office 300	agrit			Office fic	ıu	
_										
	Date	Payee name								
	07/22/2024	Squarespa	ce, Inc.							
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$38.38	225 Varick	St. 12th Floor							
		New York,	NY 10014							
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expen	ise				de of Texas. Comp		
								officeholder living	expense	
						Web Hosting				
	0 1. 0	0 111 1 - 1			Ļ			0		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	la	
		•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 145/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/21/2024	Squarespace, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.38	225 Varick St. 12th Floor	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Web Hosting	
		Web Hosting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date	Power name	
	09/23/2024	Payee name	
		Squarespace, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.38	225 Varick St. 12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Web Hosting	
		web Hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Data	Davies same	
	Date 09/16/2024	Payee name	
		Summit Printing, LLC.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,283.18	808 E. 101 Terr., Ste. 350	
		Kansas City, MO 64131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Roadsigns	
		เงินอเฐกิจ	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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: 146/149 Rpt:	Lee, Jennifer A. 00088259				
4	Date	5 Payee name				
	08/28/2024	Sun City Texas Community Association				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$154.50	2 Texas Dr.				
		Georgetown, TX 78633				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Event Tickets				
_	0 1: 0:11:4"					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/25/2024	Temple Education Foundation				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$205.80	401 Santa Fe Way				
		Temple, TX 76501				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Event Tickets				
		LYONE HOROCO				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
_	Date	Davies same				
	07/03/2024	Payee name Temple Feed and Supply				
		, , , , , , , , , , , , , , , , , , , ,				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$108.25	21820 SE H.K. Dodgen Lp.				
		Temple, TX 76503				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Parade Float Supplies				
		i didde i lodt Supplies				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 147/149 Rpt:	Lee, Jennif	er A.					00088259	
4	Date	5 Payee name							
	07/22/2024	Texas Dem	Texas Democratic Party						
6	Amount (\$) \$650.00	7 Payee addre 314 Highlar		State; Zip C	ode				
		Austin, TX	78752						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Voter File A	ccess			므		de of Texas. Com _l officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	<u>I</u> ught			Office he	eld
	Date	Payee name							
	07/11/2024	l	es Postal Service						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$20.40	401 N. Mair	n St.						
		Temple, TX	76501						
	PURPOSE OF		ee Categories listed at the to		(b)	Description		d4.T O	olata Cabadula T
	EXPENDITURE	Office Over	head/Rental Expen	se		_		de of Texas. Comp officeholder living	
						Postage	,,		
						J			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	07/24/2024	United State	es Postal Service						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$21.90	401 N. Mair	ı St.						
		Temple, TX	Temple, TX 76501						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	se				de of Texas. Com	
						ш	, TX,	officeholder living	expense
						Stamps			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>I</u> ught			Office he	eld
expenditure to benefit C/OH									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 148/149 Rpt:	Lee, Jennifer A. 00088259				
4	Date	5 Payee name				
	08/13/2024	United States Postal Service				
6	Amount (\$) \$43.80	7 Payee address; City; State; Zip Code 401 N. Main St.				
		Temple, TX 76501				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense P.O. Box Rental				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Г	Date	Payee name				
	09/13/2024	United States Postal Service				
	Amount (\$) \$43.80	Payee address; City; State; Zip Code 401 N. Main St.				
		Temple, TX 76501				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense P.O. Box Rental				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date 07/03/2024	Payee name Worley Printing Co., Inc.				
	Amount (\$) \$257.64	Payee address; City; State; Zip Code 3217 N. IH-35				
		Austin, TX 78722				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Literature				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 149/149 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	08/16/2024	Worley Printing Co., Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$235.99	3217 N. IH-35	
		Austin, TX 78722	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Printing Expense Check if travel outside of Texas. Complete Schedule			
		Compaign Literature	
		Campaign Literature	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol		
_			
	Date	Payee name	
	08/23/2024	Worley Printing Co., Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,330.62	3217 N. IH-35	
		Austin, TX 78722	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	
		Compaign Literature	
		Campaign Literature	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			
İ			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 247/247 2 FILER NAME Filer ID (Ethics Commission Filers) Lee, Jennifer A. 00088259 8 Amount (\$) Date 5 Name of person from whom amount is received 07/22/2024 \$265.00 City of Temple Parks & Recreation 6 Address of person from whom amount is received; City; State; Zip Code Temple, TX 76504 Purpose for which amount is received X Check if political contribution returned to filer **Event Space Rental Deposit Refund** Amount (\$) Date Name of person from whom amount is received 08/19/2024 Nation Builder \$937.00 Address of person from whom amount is received; City; State; Zip Code Lod Angeles, CA 90028 Purpose for which amount is received X Check if political contribution returned to filer Web Hosting Reimbursement