

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |                                   |   |                                  |
|---|--|---|-----------------------------------|---|----------------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00088202 | <b>2</b> Total pages filed:<br>17 |   |                                  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR  | FIRST   | MI                                | <b>OFFICE USE ONLY</b>                      |                                  |
|   |  | Marisela  |                                   |   |                                  |
|   | NICKNAME   | LAST  | SUFFIX                            | Date Received                               |                                  |
|   | MJ   | Jimenez   |                                   | <b>ELECTRONICALLY FILED</b><br>10/27/2024   |                                  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  |   |                                   | Date Hand-delivered or Date Postmarked      |                                  |
|   | 3530 Peachstone Pl.<br><br>Spring, TX 77389  |   |                                   | Receipt #                                   |                                  |
|   |  |   |                                   | Amount                                      |                                  |
|   |  |   |                                   | Date Processed                              |                                  |
|   |  |   |                                   | Date Imaged                                 |                                  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST   | MI                                |   |                                  |
|   |  | Ms.   | Valerie L.                        |   |                                  |
|   | NICKNAME   | LAST  | SUFFIX                            |   |                                  |
|   |  | Grandinetti   |                                   |   |                                  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |   |                                   |   |                                  |
|   | 22606 Hunters Tree Dr.<br><br>Spring, TX 77389   |   |                                   |   |                                  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                         |   |                                  |
|   | (281)  | 727-9164  |                                   |   |                                  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |                                   |   |                                  |
|   | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |                                   |   |                                  |
| <b>9</b> PERIOD COVERED   | Month  | Day   | Year                              | Month                                       |                                  |
|   |  |   |                                   |   |                                  |
|   | 09/27/2024   |   |                                   | 10/26/2024                                  |                                  |
| <b>10</b> ELECTION  | ELECTION DATE  |   |                                   | ELECTION TYPE                               |                                  |
|   | Month  | Day   | Year                              | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff  |
|   | 11/05/2024   |   |                                   | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
| <b>11</b> OFFICE  | OFFICE HELD (if any)   |   |                                   |   |                                  |
|   |  |   |                                   |   |                                  |
| <b>12</b> OFFICE SOUGHT (if known)  |  |   |                                   |   |                                  |
| State Representative District 150   |  |   |                                   |   |                                  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|   |   |
|---|---|
| <b>13 C / OH NAME</b> Jimenez, Marisela | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088202 |
|---|---|

|   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
|---|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages   | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |  |  |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b> |                                  |                          |                                   |  |  |   |  |  |  |  |
|   | <input type="checkbox"/> SPECIFIC  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |  |                          |                                  |                          |                                   |  |  |   |  |  |  |  |

|                                |   |    |          |
|--------------------------------|---|----|----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 5,553.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 2,456.71 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 100.00   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 Marisela Jimenez  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

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|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Jimenez, Marisela        |   | <b>19 Filer ID</b><br>00088202 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   |                                | SUBTOTAL AMOUNT            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 1,453.00                   |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 4,100.00                   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                             |                            |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                             |                            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 1,357.97                   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                             |                            |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                             |                            |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 1,098.74                   |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.  | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS     | \$                             | 7.00                       |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                     |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/17  |
| <b>2</b> FILER NAME<br>Jimenez, Marisela   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202 |
| <b>4</b> Date<br>10/09/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carlson, Colleen<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dearborn, MI 48124 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Education Consultant |  | <b>9</b> Employer (See Instructions)<br>N/A              |
| Date<br>10/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carter, Eric<br><hr/> Contributor address; City; State; Zip Code<br><br>North Hollywood, CA 91606                | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Special Education Teacher     |  | Employer (See Instructions)<br>Burbank Unified           |
| Date<br>10/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeClerck, Genevieve<br><hr/> Contributor address; City; State; Zip Code<br><br>Freeville, NY 13068               | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Farmer                        |  | Employer (See Instructions)<br>Self                      |
| Date<br>10/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Graham, Deborah<br><hr/> Contributor address; City; State; Zip Code<br><br>Mill Valley, CA 94941                 | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>N/A                           |  | Employer (See Instructions)<br>N/A                       |
| Date<br>10/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gresham, Lesley<br><hr/> Contributor address; City; State; Zip Code<br><br>Fulshear, TX 77441                    | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>N/A                           |  | Employer (See Instructions)<br>N/A                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/17  |
| <b>2</b> FILER NAME<br>Jimenez, Marisela                                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202 |
| <b>4</b> Date<br>10/09/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hill, George<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Falls Church, VA 22043 | <b>7</b> Amount of Contribution (\$)<br><br>\$27.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Engineer      |  | <b>9</b> Employer (See Instructions)<br>N/A              |
| Date<br>10/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Leamon, Laura<br><hr/> Contributor address; City; State; Zip Code<br><br>Matthews, NC 28105                      | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>N/A                    |  | Employer (See Instructions)<br>N/A                       |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lopez, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Grand Prairie, TX 75052                   | Amount of Contribution (\$)<br><br>\$750.00              |
| Principal occupation / Job title (See Instructions)<br>Administration Manager |  | Employer (See Instructions)<br>FRB Dallas                |
| Date<br>09/30/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lyles, Dianne<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77379                        | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>N/A                    |  | Employer (See Instructions)<br>N/A                       |
| Date<br>10/05/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Martinez, Angela<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77388                     | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Consultant             |  | Employer (See Instructions)<br>N/A                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/17  |
| <b>2</b> FILER NAME<br>Jimenez, Marisela                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202 |
| <b>4</b> Date<br>10/09/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McMillin, Karen<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Oak Park, IL 60302 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>N/A |   | <b>9</b> Employer (See Instructions)<br>N/A              |
| Date<br>10/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Means, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Milpitas, CA 95035                     | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Professional |   | Employer (See Instructions)<br>Electric Bikes            |
| Date<br>10/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mielitz, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77388                       | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Sales        |   | Employer (See Instructions)<br>tcdi                      |
| Date<br>10/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ross, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Buffalo Grove, IL 60089                   | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>N/A          |   | Employer (See Instructions)<br>N/A                       |
| Date<br>10/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith, Jessica<br><hr/> Contributor address; City; State; Zip Code<br><br>The Woodlands, TX 77375               | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>N/A          |   | Employer (See Instructions)<br>N/A                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/17  |
| <b>2</b> FILER NAME<br>Jimenez, Marisela                                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202 |
| <b>4</b> Date<br>10/01/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Soares, Steven (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Henderson, NV 89014 | <b>7</b> Amount of Contribution (\$) \$100.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Professional |  | <b>9</b> Employer (See Instructions)<br>NA               |
| Date<br>10/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wales, David<br><hr/> Contributor address; City; State; Zip Code<br><br>San Bruno, CA 94066                           | Amount of Contribution (\$) \$51.00                      |
| Principal occupation / Job title (See Instructions)<br>N/A                   |  | Employer (See Instructions)<br>N/A                       |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |   |  |   |
|---|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                  |   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 8/17             |   |
| 2 FILER NAME<br>Jimenez, Marisela   |   | 3 Filer ID (Ethics Commission Filers)<br>00088202            |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                             |   | \$   |   |
| 5 Date<br>09/27/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blue Horizon Texas PAC | 8 Amount of contribution (\$)<br>\$100.00                    | 9 In-kind contribution description<br>Strategy session, endorsement, social media, email promotion.         |
|   | 7 Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78278                                   |  |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)         |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)            |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)                              |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions) |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                 |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)       |   |  |   |
| Date<br>10/14/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Rolando       | Amount of contribution (\$)<br>\$3,000.00                    | In-kind contribution description<br>Campaign Time/Skills  |
|   | Contributor address; City; State; Zip Code<br><br>Spring, TX 77373  |  |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Retired |   | Employer (FOR NON-JUDICIAL) (See instructions)<br>N/A        |   |
| 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)          |   |  |   |
| Date<br>10/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ready Web Service        | Amount of contribution (\$)<br>\$1,000.00                    | In-kind contribution description<br>Campaign Website development, technical tasks, time hours for services. |
|   | Contributor address; City; State; Zip Code<br><br>Truth or Consequences, NM 87901                           |  |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)            |   | Employer (FOR NON-JUDICIAL) (See instructions)               |   |
| 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)          |   |  |   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 9/17      | <b>2</b> FILER NAME<br>Jimenez, Marisela   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>10/11/2024                                  | <b>5</b> Payee name<br>Buzzin Express  |   |
| <b>6</b> Amount (\$)<br>\$69.05                              | <b>7</b> Payee address; City; State; Zip Code<br>24930 Aldine Westfield<br><br>Spring, TX 77373  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Team Gas       |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/28/2024   | Payee name<br>Circle K   |   |
| Amount (\$)<br>\$57.63                                       | Payee address; City; State; Zip Code<br>5725 Louetta Rd.<br><br>Spring, TX 77379                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign/driver's gas | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign/driver's gas   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/27/2024   | Payee name<br>Dollar Tree  |   |
| Amount (\$)<br>\$68.74                                       | Payee address; City; State; Zip Code<br>501 Sawdust Rd.<br>Ste A<br>The Woodlands, TX 77380      |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Supplies     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies/Event |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/7 Rpt: 10/17     | <b>2</b> FILER NAME<br>Jimenez, Marisela   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>10/23/2024                                  | <b>5</b> Payee name<br>Dollar Tree   |   |
| <b>6</b> Amount (\$)<br>\$48.74                              | <b>7</b> Payee address; City; State; Zip Code<br>21330 Kuykendahl Rd.<br><br>Spring, TX 77379    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/09/2024   | Payee name<br>ExxonMobil Gas   |   |
| Amount (\$)<br>\$79.00                                       | Payee address; City; State; Zip Code<br>22710 Holzwarth Rd.<br><br>Spring, TX 77389              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign/Driver's Gas | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign/Driver's Gas |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2024   | Payee name<br>ExxonMobil Gas   |   |
| Amount (\$)<br>\$73.00                                       | Payee address; City; State; Zip Code<br>2213 Spring Stuebner Rd.<br><br>Spring, TX 77389         |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign/Driver's Gas | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign/Driver's Gas |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/7 Rpt: 11/17     | <b>2</b> FILER NAME<br>Jimenez, Marisela   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>10/04/2024                                  | <b>5</b> Payee name<br>H-E-B   |   |
| <b>6</b> Amount (\$)<br>\$82.92                              | <b>7</b> Payee address; City; State; Zip Code<br>5251 FM2920<br><br>Spring, TX 77388     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Event Supplies   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/19/2024   | Payee name<br>H-E-B  |   |
| Amount (\$)<br>\$63.80                                       | Payee address; City; State; Zip Code<br>2121 FM2920<br><br>Spring, TX 77388              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies         |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/04/2024   | Payee name<br>La Michoacana  |   |
| Amount (\$)<br>\$33.63                                       | Payee address; City; State; Zip Code<br>4623 FM2920<br><br>Spring, TX 77388              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Events Supplies. |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/7 Rpt: 12/17     | <b>2</b> FILER NAME<br>Jimenez, Marisela  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>10/05/2024                                  | <b>5</b> Payee name<br>Lowe's Home Centers, LLC   |   |
| <b>6</b> Amount (\$)<br>\$18.72                              | <b>7</b> Payee address; City; State; Zip Code<br>20201 N. IH45<br><br>Spring, TX 77388        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Screws / Washers  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/04/2024   | Payee name<br>Lowe's Home Centers, LLC  |   |
| Amount (\$)<br>\$27.19                                       | Payee address; City; State; Zip Code<br>20201 N. IH45<br><br>Spring, TX 77388                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Supplies  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/28/2024   | Payee name<br>Lowe's Home Centers, LLC  |   |
| Amount (\$)<br>\$32.45                                       | Payee address; City; State; Zip Code<br>20201 N. IH45<br><br>Spring, TX 77388                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Supplies  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/7 Rpt: 13/17     | <b>2</b> FILER NAME<br>Jimenez, Marisela  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202   |
| <b>4</b> Date<br>10/25/2024                                  | <b>5</b> Payee name<br>M3 Graphics Inc.   |  |
| <b>6</b> Amount (\$)<br>\$167.25                             | <b>7</b> Payee address; City; State; Zip Code<br>11730 Wilcrest Dr.<br><br>Houston, TX 77099  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs           |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/09/2024   | Payee name<br>The Home Depot  |  |
| Amount (\$)<br>\$30.19                                       | Payee address; City; State; Zip Code<br>20131 I-45 N.<br><br>Spring, TX 77388                 |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Wood Screws and Washers. |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/30/2024   | Payee name<br>The Home Depot  |  |
| Amount (\$)<br>\$57.70                                       | Payee address; City; State; Zip Code<br>20131 I-45 N.<br><br>Spring, TX 77388                 |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign tools           |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/7 Rpt: 14/17     | <b>2</b> FILER NAME<br>Jimenez, Marisela  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>10/04/2024                                  | <b>5</b> Payee name<br>The Home Depot   |   |
| <b>6</b> Amount (\$)<br>\$108.34                             | <b>7</b> Payee address; City; State; Zip Code<br>20131 I-45 N.<br><br>Spring, TX 77388        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Materials / Wood |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/04/2024   | Payee name<br>Tractor Supply Co.  |   |
| Amount (\$)<br>\$99.00                                       | Payee address; City; State; Zip Code<br>10800 Hwy 242<br><br>Conroe, TX 77385                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Metal Poles               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/09/2024   | Payee name<br>Tractor Supply Co.  |   |
| Amount (\$)<br>\$227.70                                      | Payee address; City; State; Zip Code<br>10800 Hwy 242<br><br>Conroe, TX 77385                 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Metal Poles               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |             |
|---|---|--|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/7 Rpt: 15/17            | <b>2</b> FILER NAME<br>Jimenez, Marisela  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202   |             |
| <b>4</b> Date<br>10/09/2024   | <b>5</b> Payee name<br>Tractor Supply Co.   |  |             |
| <b>6</b> Amount (\$)<br><br>\$12.92                                 | <b>7</b> Payee address; City; State; Zip Code<br>10800 Hwy 242<br><br>Conroe, TX 77385        |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Materials | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Natural Cable Ties |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought  | Office held |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 16/17  | <b>2</b> FILER NAME<br>Jimenez, Marisela   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202  |
| <b>4</b> Date<br>09/27/2024  | <b>5</b> Payee name<br>M3 Graphics Inc.  |   |
| <b>6</b> Amount (\$)<br><br>\$1,098.74<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>11730 Wilcrest Dr.<br><br>Houston, TX 77099 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Materials |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held  |



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 1/1 Rpt: | <b>2</b> FILER NAME<br>Jimenez, Marisela   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088202   |
| <b>4</b> Date<br>10/26/2024                       | <b>5</b> Payee name<br>Regions Bank  |  |
| <b>6</b> Amount (\$)<br>7.00                      | <b>7</b> Payee Address; City; State; Zip<br>2114 Spring Stuebner Rd.<br><br>Spring, TX 77389 |  |
| <b>8</b> PURPOSE<br>OF<br>EXPENDITURE             | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees         | <b>(b)</b> Description (See instructions regarding type of information required.)<br>Account Fee |