CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00088259	ssion Filers)	2 Total pages fil	led: 14			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jennifer A.		MI	OFFICE (JSE ONLY			
NAME					Date Received ELECTRONICA	ALLY FILED			
	NICKNAME	LAST		SUFFIX	10/28/2024				
		Lee							
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked			
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1916				Receipt #	Amount			
Change of Address	Temple, TX 76503				Date Processed				
					Date Processed				
					Date Imaged				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI					
TREASURER NAME	Mrs.	Naquisha L.							
	NICKNAME	LAST		SUFFIX					
		Ramos-Silva							
6 CAMPAIGN	STREET ADDRESS (NO PC) BOX PLEASE).	ΔP1	/ SUITE #; CITY;	STA	ATE; ZIP CODE			
TREASURER ADDRESS	1708 Saddle Dr.	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,	3. ,	, 0001			
(Residence or Business)	Killeen, TX 76543								
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	XTENSION						
TREASURER PHONE	(254) 291-1804								
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer			
		→		L	appointment (office				
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)			
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	09/27/2024	TH	IROUGH	10/26/202	24				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year 11/05/2024		rimary	Runoff	Other				
	11/05/2024	XG	eneral	Special					
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT					
	None District N/A			State Represent	tative District 55				
				ı					
	GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 114

13 C / OH NAME	Lee Jonnifor ^		14 Filer ID	(Ethics Commis	ssion Eilere\
D C / OTTNAIVIE	Lee, Jennifer A.		00088259	(Luncs Commis	3310111111613)
L5 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or offic	eholder's knowl	ledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
,	X GENERAL	Represent Texas			
		COMMITTEE ADDRESS			
	SPECIFIC	PO Box 140981			
		Dallas, TX 75214			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Barry, Laura			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		PO Box 140981			
		Dallas, TX 75214			
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS CTRONICALLY)	, \$	0.00		
	5)	\$	38,284.06		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	39,280.68
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	20,740.65
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 a under Title 15, Election Code.			
		J	ennifer A. Lee		
		Signature of	Candidate or Officeho	older	_ _
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering	oath
Signature of Offi	oo. dammistoring	. Three hame of officer duffillistering	THE OF OTHER	o. administering	Jan

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 114

				1 ago o oi 11 i
C / OH NAME	Lee, Jennifer A.		Filer ID 00088259	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to subseen made without the candidate's or officeholder's do report this information only if they receive notice	knowledge or co	nsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Parent PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	PO Box 303010		
		Austin, TX 78703		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Powell, Blake		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		PO Box 303010		
		Austin, TX 78703		
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	If political expenditures by political committees to su been made without the candidate's or officeholder's If 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		
	A GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	PO Box 780162		
		San Antonio, TX 78278		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Barnett, Claire		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	SS	
		PO Box 780162		
		San Antonio, TX 78278		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				4 of 114
18 FILER NAM Lee, Jenni		19 Filer ID 00088259	(Ethics Com	mission Filers)
20 SCHEDULE NAME OF S			SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	33,073.31
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,210.75
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	39,280.68
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	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	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 5/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 10/05/2024	 5 Full name of contributor out-of-state PA Abele, Ana 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 10/18/2024	Full name of contributor out-of-state PA Allen-Savietta, Cora Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1.00
		Austin, TX 78752					
	Principal occu Statistician	pation / Job title (See Instructions)		Employer (See Instructions Berry Consultants	S)		
	Date 09/30/2024	Full name of contributor out-of-state PA Atlas, Nancy Contributor address; City; State; Zip Code	AC (ID#:		•	Amount of Contribution (\$)	\$400.00
		Houston, TX 77098					
	Principal occu Mediator	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 10/11/2024	Full name of contributor out-of-state PA Avey, Melinda Contributor address; City; State; Zip Code Round Rock, TX 78664	-)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 10/19/2024	Full name of contributor out-of-state PA Avey, Melinda Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/36 Rpt: 6/114	
2	FILER NAME Lee, Jennife	· A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 09/30/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$5.00
	Dringing Loon	New York, NY 10023	ام	Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions BrandEd	5)		
	Date 10/13/2024	Full name of contributor out-of-state PAC (IE Baker, Mary Contributor address; City; State; Zip Code Austin, TX 78726)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Not Employed			Not Employed			
	Date 10/17/2024	Full name of contributor out-of-state PAC (IE Ballard, Marian Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Temple, TX 76504					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (IE Basey, Kevin Contributor address; City; State; Zip Code Austin, TX 78757				Amount of Contribution (\$)	\$20.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions DHISCO	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (IE Batson, Karen Contributor address; City; State; Zip Code Temple, TX 76502				Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Tisd	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 3/36 Rpt: 7/114	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/16/2024	Bell, Sharon H. 6 Contributor address; City; State; Zip Cod	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 10/18/2024	Full name of contributor out-of-st Blaik, Kimberly Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$50.00
		Belton, TX 76513					
	Principal occu _l Physician	pation / Job title (See Instructions)		Employer (See Instructions BSW Hospice	5)		
	Date 10/11/2024	Full name of contributor out-of-st Bowen, Susan Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/18/2024	Date Full name of contributor out-of-state PAC (ID#:)		,		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Olfen ISD	5)		
	Date 10/11/2024	Brodsky, Nina	ate PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions self	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 4/36 Rpt: 8/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/11/2024	5 Full name of contributorBrown, Robin6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		McGregor, TX 76657			L		
8		pation / Job title (See Instructions) Radiologic Technologist	9	Employer (See Instructions Baylor Scott & White	5)		
	Date 10/21/2024	Full name of contributor Brubaker, Vicki Contributor address; City; Stat)		Amount of Contribution (\$)	\$50.00
	D: : 1	Temple, TX 76502		5 1 (0 1 : "	<u>L</u>		
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)		
	Date 10/04/2024	Full name of contributor Buchanan, Byron Contributor address; City; Stat	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$100.00
		Houston, TX 77058					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Buchanan Law Office		P.C.	
	Date 10/22/2024	Full name of contributor Burlison, Shelley Contributor address; City; Stat Temple, TX 76502	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/08/2024	Full name of contributor Callaway, Kiylee Contributor address; City; Stat Temple, TX 76502	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occu Water opera	pation / Job title (See Instructions)		Employer (See Instructions City of Temple	5)		
	valor opera			only of remple			

	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: 5/36 Rpt: 9/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/18/2024	5 Full name of contributor Candelaria, Noel6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78739					
8	Principal occu Officer	pation / Job title (See Instructions)	9	Employer (See Instructions National Education Asso		ation	
	Date 10/17/2024	Full name of contributor Carpenter, Danny Contributor address; City; State)		Amount of Contribution (\$)	\$150.00
	Principal occu	Belton, TX 76513 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 10/14/2024	Full name of contributor Carranza, Susana Contributor address; City; State	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.	5)		
	Date 10/08/2024	Full name of contributor Carroll, Madelon Contributor address; City; State Belton, TX 76513	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/22/2024	Full name of contributor Carter, Lynn Contributor address; City; State Austin, TX 78759	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		

	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: 6/36 Rpt: 10/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/17/2024	5 Full name of contributor Chamlee, Betsi6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Temple, TX 76501 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Artist	,		Self	,		
	Date 10/16/2024	Full name of contributor [Clark, Mike Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78628					
	Principal occur Consultant	pation / Job title (See Instructions)		Employer (See Instructions MJC	s)		
	Date 10/23/2024	Full name of contributor Clarke, James Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
		Belton, TX 76513					
	Principal occu Program Mai	pation / Job title (See Instructions) nager		Employer (See Instructions VHA	s)		
	Date 10/06/2024	Full name of contributor Cole, Sheryl Contributor address; City; Sta Austin, TX 78722	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 10/01/2024	Full name of contributor Cook, Janet Contributor address; City; Sta Austin, TX 78757	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 CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/36 Rpt: 11/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/18/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
-	Software Eng			Plasmability LLC	-,		
	Date 10/16/2024	Full name of contributor				Amount of Contribution (\$)	\$20.00
		Los Angeles, CA 90065	_				
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Criss, Susan Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Salado, TX 76571					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Criss & Rousseau Law		m.L.L.P.	
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID# Criss, Susan Contributor address; City; State; Zip Code Salado, TX 76571)		Amount of Contribution (\$)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Criss & Rousseau Law		m.L.L.P.	
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Cruz-Laureano, Daniel Contributor address; City; State; Zip Code Belton, TX 76513)		Amount of Contribution (\$)	\$250.00
	Principal occu Provider	pation / Job title (See Instructions)		Employer (See Instructions Hospital	<u>.</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 12/114	
2	FILER NAME Lee, Jennife	A.		3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 10/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_ Darrouzet, Jennifer Contributor address; City; State; Zip Code Austin, TX 78759	Digital Advance		Amount of Contribution (\$)	\$50.00
	Principal occu Software	pation / Job title (See Instructions)	Employer (See Instructions uStudio)		
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_ Darrouzet, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Software	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions uStudio)		
Date Full name of contributor 10/08/2024 Davis, Jennifer		Davis, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
	Principal occu Self	Austin, TX 78728 pation / Job title (See Instructions)	Employer (See Instructions Pilgrimage)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Yvonne Contributor address; City; State; Zip Code AUSTIN, TX 78736)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 9/36 Rpt: 13/114	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/15/2024	5 Full name of contributorDean, Jessica6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Dringing! goog	Austin, TX 78758	10	_	Employer (See Instructions			
0	Software En	pation / Job title (See Instructions) gineer	3		Employer (See Instructions Q2	')		
	Date 10/22/2024	Full name of contributor Delmar, Judith Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions)			Employer (See Instructions	<u> </u>		
	Not Employe				Not Employed	,		
	Date 10/18/2024	Full name of contributor Dobin, Louis Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$250.00
		Temple, TX 76502						
	Principal occu Not Employe	pation / Job title (See Instructions) ed			Employer (See Instructions Not Employed	5)		
	Date 10/19/2024	Full name of contributor Dukes, Thomas Contributor address; City; Sta 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 10/16/2024	Full name of contributor Eggers, Sarah Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code				Amount of Contribution (\$)	\$40.00
	Principal occu Therapist	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
			<u>, </u>					

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/36 Rpt: 14/114	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 10/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Austin, TX 78722 pation / Job title (See Instructions)	T _a	Employer (See Instructions	·/-		
0	Not Employe		9	Not Employed	·)		
	Date 10/17/2024	Full name of contributor			•	Amount of Contribution (\$)	\$50.00
	D: : 1	Austin, TX 78722	_		<u>L</u>		
	Principal occup	pation / Job title (See Instructions) Keter		Employer (See Instructions AILA	5)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID# Erickson collins, Christel Contributor address; City; State; Zip Code	:		•	Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#Field, Megan Contributor address; City; State; Zip Code Austin, TX 78757)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions) and self		Employer (See Instructions Self	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#Fine, Mary Ellen Contributor address; City; State; Zip Code Austin, TX 78745)		Amount of Contribution (\$)	\$4.16
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	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: 11/36 Rpt: 15/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/27/2024	5 Full name of contributorFinn, Kathleen6 Contributor address; City; State			7	Amount of Contribution (\$)	\$50.00
_	Dringing age	Killeen, TX 76549	I ₀	Employer (Coo Instructions	_		
8	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	')		
	Date 10/10/2024	Full name of contributor Foss, Linda Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78715 pation / Job title (See Instructions)		Employer (See Instructions	.) [
	Not Employe			Not Employed	')		
	Date 10/21/2024	Full name of contributor Foss, Linda Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78715					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/17/2024	Full name of contributor Fourmigue, Suzanne Contributor address; City; State Temple, TX 76502	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 10/02/2024	Full name of contributor Foxhall, Irene Contributor address; City; State Houston, TX 77006	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			L_				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 12/36 Rpt: 16/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/28/2024	Frick, Gina 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 10/22/2024	Garrison, Donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s) 		
	Not Employe			Not Employed	-,		
	Date 10/07/2024	Garza, Steven)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78704					
	Principal occu Congression	pation / Job title (See Instructions) al Staff		Employer (See Instructions US House of Represent		/es	
	Date 10/06/2024	Genecov, Lisa)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/11/2024	Gibbons, Heidi	e PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			'				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 17/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/30/2024	Godfrey, John	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Austin, TX 78757 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>)</u>		
•	psychologist			john godfrey	,		
	Date 09/30/2024	Full name of contributor on Godfrey, John Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78757					
	psychologist	pation / Job title (See Instructions)		Employer (See Instructions john godfrey	5)		
	Date 10/06/2024	Full name of contributor on the contributor of the contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Huntsville, TX 77320					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Sam Houston St. Univ.	5)		
	Date 10/06/2024	Griffith, Idona)		Amount of Contribution (\$)	\$250.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	<u> </u>		
	Date 10/16/2024	Full name of contributor on Grodd, Kate Contributor address; City; State; Z Los Angeles, CA 90027	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Content crea	pation / Job title (See Instructions) ttor		Employer (See Instructions Freelance	i)		
			1				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 14/36 Rpt: 18/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/10/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_		TEMPLE, TX 76502	l.		Ĺ		
8	Tax Manage	pation / Job title (See Instructions) r	9	Employer (See Instructions McLane	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC Hanes, Jenna Contributor address; City; State; Zip Code Austin, TX 78751)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Policy Adviso	or		City of Austin			
	Date 10/22/2024	Full name of contributor	(ID#:		•	Amount of Contribution (\$)	\$20.00
		Georgetown, TX 78633					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Seton Healthcare	S)		
	Date 10/18/2024	Full name of contributor out-of-state PAC Harris, Marcus Contributor address; City; State; Zip Code Killeen, TX 76549				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Hassett, Michael Contributor address; City; State; Zip Code Lake Stevens, WA 98258	(ID#:		•	Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
				<u> </u>			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 15/36 Rpt: 19/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/10/2024	 Full name of contributor out-of-state out-of-state Hayman, Peter Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78703					
8	Principal occu Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Peter Hayman	5)		
	Date 10/19/2024	Full name of contributor out-of-state Herbig, Margaret A. Contributor address; City; State; Zip Code New York, NY 10011)		Amount of Contribution (\$)	\$20.24
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Writer			The Unemployed Philos	op	hers Guild	
	Date 10/10/2024	Full name of contributor out-of-state Hiller, Jay Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78726					
	Principal occu Yoga Instruc	pation / Job title (See Instructions) tor		Employer (See Instructions	5)		
	Date 10/17/2024	Full name of contributor out-of-state Hiller, Jay Contributor address; City; State; Zip Code Austin, TX 78726	-		•	Amount of Contribution (\$)	\$10.00
	Principal occu Yoga Instruc	pation / Job title (See Instructions) tor		Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state Hommel, Solange Contributor address; City; State; Zip Code Killeen, TX 76549-3756			•	Amount of Contribution (\$)	\$50.00
	Principal occu Public relation	pation / Job title (See Instructions)		Employer (See Instructions Hamumu Games Inc	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 16/36 Rpt: 20/114	
2	FILER NAME Lee, Jennife	´ A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/17/2024	Hubbard, Carol 6 Contributor address; City; State; Zip Co			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 10/10/2024	Full name of contributor out-of-s Hunt, Thomas Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Onalaska, WI 54650			_		
	Principal occur Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/02/2024	Full name of contributor out-of-s Jackson, Isaac Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$100.00
	Dringing conu	Bastrop, TX 78602		Employer (See Instructions	·/		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	•)		
	Date 10/18/2024	Jefts, Heather	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor out-of-s Jerolleman, Lois Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. tot Employe		<u> </u>	тос Етрюуси			

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	<u>.</u>		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 17/36 Rpt: 21/114	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 10/22/2024	5 Full name of contributor Jerolleman, Lois6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
_		Alvin, TX 77511	, I	_	5 1 (0 1 1 1	<u></u>		
8	Not Employe	pation / Job title (See Instructions ed	5)	9	Employer (See Instructions Not Employed	5)		
	Date 10/08/2024	Full name of contributor Johnson, Lucy Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Drincinal occu	San Marcos, TX 78666 pation / Job title (See Instructions	·) [Employer (See Instructions	-, 		
	Real estate i		,		Self	·)		
	Date 10/08/2024	Full name of contributor Johnston, Benjamin Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$20.84
		Austin, TX 78705						
	Principal occu Librarian	pation / Job title (See Instructions	s) 		Employer (See Instructions Austin Community Colle			
	Date 09/30/2024	Full name of contributor Jones, Daniel Contributor address; City; S Belton, TX 76513	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	5)		
	Date 10/17/2024	Full name of contributor Jones, Melissa Contributor address; City; Si Austin, TX 78703	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	s)		

	MONET	ARY POLITICAL CONTRIE		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 18/36 Rpt: 22/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/19/2024	 Full name of contributor out-of-state Jones, Melissa Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/03/2024	Full name of contributor out-of-state Kelley, Karen	PAC (ID#:	Not employed		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 10/13/2024	Full name of contributor out-of-state Kitchen`, Sara Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$4.17
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/13/2024	Full name of contributor out-of-state Korth-Juricek, Ashley Contributor address; City; State; Zip Code Austin, TX 78752	PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 10/01/2024	Full name of contributor out-of-state Lat, Tasnim Contributor address; City; State; Zip Code Temple, TX 76502	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions BSW	5)		
			<u>, </u>				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 19/36 Rpt: 23/114	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/18/2024	5 Full name of contributor LeUnes, Judy6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
0	Dringing! goog	College Station, TX 77845 pation / Job title (See Instructions		۱۵	Employer (See Instructions	<u></u>		
0	President of)	9	Employer (See Instructions self	·)		
	Date 10/10/2024	Full name of contributor Leech, Mark Contributor address; City; St)		Amount of Contribution (\$)	\$100.00
	Dringing Lagra	Temple, TX 76501	\ \ \		Franksian (Cooksaturations	<u></u>		
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions Temple College	»)		
	Date 10/15/2024	Full name of contributor Lemmond, byron Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$7.00
		Katy, TX 77449-7504						
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	s)		
	Date 10/17/2024	Full name of contributor Longfield, Amy Contributor address; City; St Belton, TX 76513)		Amount of Contribution (\$)	\$25.00
	Principal occu Writer	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/28/2024	Full name of contributor Majkut, Beverly Contributor address; City; St Arlington, TX 76014					Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 20/36 Rpt: 24/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/09/2024	 Full name of contributor out Mandke, Ketan Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$250.00
8	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
	Software En			Google Inc.	,,		
	Date 10/18/2024	Full name of contributor out Manly, Tara Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Belton, TX 76513		Franks var (Caa kratii vationa	<u></u>		
	Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions Hospital	5)		
	Date 10/19/2024	Full name of contributor out Manly, Tara Contributor address; City; State; Zig	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Belton, TX 76513					
	Principal occu Physician As	pation / Job title (See Instructions) esistant		Employer (See Instructions Hospital	s) 		
	Date 10/08/2024	Full name of contributor out Marchesseau, Trisha Contributor address; City; State; Zig Fort Worth, TX 76107	t-of-state PAC (ID#: o Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ft Worth ISD	5)		
	Date 10/22/2024	Full name of contributor out Mariappuram, Rosann Contributor address; City; State; Zip Washington, DC 20002	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State Innovation Exchar		(SiX)	
			l			. ,	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	plete this forr	m.	1	es Schedule A1: 36 Rpt: 25/114	
2	FILER NAME Lee, Jennife	r A.			3 Filer ID 0008825	(Ethics Commissio	n Filers)
4	Date 09/30/2024	 Full name of contributor out-of-s Markus, Susan Contributor address; City; State; Zip Co)	7 Amount o	of Contribution (\$)	\$25.00
_	Delicalization	Austin, TX 78731		Foundation (Construction	->		
8	Law Profess	pation / Job title (See Instructions) or	9	Employer (See Instructions City University of New Y			
	Date 10/17/2024	Markus, Susan Contributor address; City; State; Zip Co	state PAC (ID#:)	Amount c	of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			
	Date 10/22/2024	Full name of contributor out-of-s Markus, Susan Contributor address; City; State; Zip Co	state PAC (ID#:)	Amount c	of Contribution (\$)	\$25.00
		Austin, TX 78731					
	Principal occu Law Profess	pation / Job title (See Instructions) Or		Employer (See Instructions City University of New Y	•		
	Date 10/17/2024	Martinez, Cynthia)	Amount c	of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 10/19/2024	Full name of contributor out-of-s Matthews, Connie Contributor address; City; State; Zip Co Temple, TX 76502	state PAC (ID#:		Amount c	of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions PATTILLO BROWN AN			
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	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 22/36 Rpt: 26/114	
2	FILER NAME Lee, Jennifer	´ A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/30/2024	 Full name of contributor out-of-state F Mayfield, Mark Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Temple, TX 76501 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 10/10/2024	Full name of contributor out-of-state F Mayfield, Mark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Temple, TX 76501			L		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor out-of-state F	DAC (ID#:		Г	Amount of Contribution (\$)	
	10/17/2024	Mayfield, Mark Contributor address; City; State; Zip Code				(4)	\$25.00
		Temple, TX 76501					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 10/17/2024	Full name of contributor out-of-state F McNallie, Vic Contributor address; City; State; Zip Code Bee Cave, TX 78738)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 10/16/2024	Full name of contributor out-of-state F Mcnearney, Molly Contributor address; City; State; Zip Code van nuys, CA 91406	PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu writer	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			'				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 23/36 Rpt: 27/114	
2	FILER NAME Lee, Jennifer	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/01/2024	5 Full name of contributor Mcwilliams, james6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	killeen, TX 76549 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
0	Not Employe			Not Employed)		
	Date 10/23/2024	Full name of contributor Ordex, Tristeza Contributor address; City; State;	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75224					
	Principal occur Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 10/06/2024	Full name of contributor PHILLIPS, MARILEE K Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78759	<u> </u>				
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
	Date 09/30/2024	Full name of contributor Pace, Lauren Contributor address; City; State; Temple, TX 76502	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 10/22/2024	Full name of contributor Pace, Lauren Contributor address; City; State; Temple, TX 76502	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 24/36 Rpt: 28/114
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission Filers) 00088259
4	Date 10/14/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$25.00
8	Principal occu	Magnolia, TX 77354 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)	
	Not Employe			Not Employed	,	
	Date 10/24/2024	Full name of contributor out-of-state PAC (IE Planned Parenthood Texas Votes Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 10/25/2024	Full name of contributor out-of-state PAC (IE Powered By People Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$) \$10,000.00
	Dein sin al a sau	El Paso, TX 79923		Formula you (O a a la atomatica yo	<u></u>	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/22/2024	Full name of contributor out-of-state PAC (IE Powers, Sheryl Contributor address; City; State; Zip Code New Waverly, TX 77358)		Amount of Contribution (\$) \$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions En route instructor	<u>. </u>	
	Date 10/17/2024	Full name of contributor out-of-state PAC (IE Pumfrey, William Ross Contributor address; City; State; Zip Code Austin, TX 78736	D#:			Amount of Contribution (\$) \$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	
	тот Етроуе	<u> </u>		Not Employed		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 25/36 Rpt: 29/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/27/2024	5 Full name of contributor Rabe, Mary6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		College Station, TX 77845			_		
8	Principal occu Manager	pation / Job title (See Instructions)	9	Employer (See Instructions Rio de Los Suenos LLC			
	Date 10/10/2024	Full name of contributor Rabroker, Amelia Contributor address; City; Sta Killeen, TX 76542				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business ow	ner		Tap Tap Art School			
	Date 10/01/2024	Full name of contributor Rabroker, Timothy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Killeen, TX 76542					
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	5)		
	Date 10/11/2024	Full name of contributor Rabroker, Timothy Contributor address; City; Sta Killeen, TX 76542	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	5)		
	Date 10/19/2024	Full name of contributor Rabroker, Timothy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Firefighter	pation / Job title (See Instructions)		Employer (See Instructions City of Killeen	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/36 Rpt: 30/114	
2	FILER NAME Lee, Jennife	A.		3	Filer ID (Ethics Commission 00088259	Filers)
4	Date 10/22/2024	 Full name of contributor out-of-state PAC (ID#:_Rabroker, Timothy Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Killeen, TX 76542 pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
_	Firefighter	pation / 300 title (See Instructions)	City of Killeen	•)		
	Date 10/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Principal occu	Belton, TX 76513 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Physician		Hospital			
	Date 10/20/2024	Full name of contributor)		Amount of Contribution (\$)	\$2.08
	Principal occu	San Francisco, CA 94112 pation / Job title (See Instructions)	Employer (See Instructions	<u>.)</u>		
	Engineer	,	Cisco Meraki	,		
	Date 10/20/2024	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	<u> </u> 5)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:_Ralph, Kim Contributor address; City; State; Zip Code Georgetown, TX 78628)		Amount of Contribution (\$)	\$25.00
	Principal occu Associate	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 27/36 Rpt: 31/114	
2	FILER NAME Lee, Jennife	r A.				3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 09/27/2024	5 Full name of contributor Ray, David6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78705						
8	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor Reiser, John Contributor address; City; S)		Amount of Contribution (\$)	\$202.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	5)		Employer (See Instructions	 s)		
	Not Employe		,		Not Employed	•		
	Date 10/19/2024	Full name of contributor Reiter, Lois Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Gatesville, TX 76528						
	Principal occu Violinist	pation / Job title (See Instructions	5)		Employer (See Instructions Academie Musique of c	•	ral tx	
	Date 10/18/2024	Full name of contributor Represent Texas Contributor address; City; S dallas, TX 75214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)		
	Date 10/24/2024	Full name of contributor Rogers, Kathryn Contributor address; City; S Austin, TX 78757	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu Editor	pation / Job title (See Instructions	5)		Employer (See Instructions self	5)		
			1					

	MONET	ARY POLITICAL C	ONTRIBUTION	NS .		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 28/36 Rpt: 32/114	
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/30/2024	5 Full name of contributor Rosenberg, William6 Contributor address; City; States	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Belton, TX 76513 pation / Job title (See Instructions)) 9	Employer (See Instructions	 s)		
	not employed	d		none			
	Date 10/09/2024	Full name of contributor Rosenstock, Robin Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Principal occur	austin, TX 78759 pation / Job title (See Instructions	, T	Employer (See Instructions	s) 		
	Not Employe			Not Employed	-,		
	Date 10/18/2024	Full name of contributor Rosenthal, Jon Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$500.00
		Houston, TX 77041					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 10/18/2024	Full name of contributor Rouff, Stephanie Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions lurse		Employer (See Instructions BSW	5)		
	Date 10/03/2024	Full name of contributor Rutishauser, Robert 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	5)		
			1				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 29/36 Rpt: 33/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commissio 00088259	n Filers)
4	Date 10/16/2024	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Dringing! goog	Los Angeles, CA 90026-1238	lo.	Employer (See Instructions	<u></u>		
0	Project Direc	pation / Job title (See Instructions) ctor	9	Employer (See Instructions Social and Environmenta		ntrepreneurs	
	Date 10/06/2024	Sallee, Shelley	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78731			<u></u>		
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions St. Stephens	5)		
	Date 10/05/2024	Full name of contributor out-of-state P Sanchez, Bryan Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Houston, TX 77019					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Boston Consulting Grou			
	Date 10/17/2024	Full name of contributor out-of-state P Sarahan, Paul Contributor address; City; State; Zip Code Austin, TX 78750	-)		Amount of Contribution (\$)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Enoch Kever	5)		
	Date 09/27/2024	Full name of contributor out-of-state P Scharrer, Gary G Contributor address; City; State; Zip Code austin, TX 78746	PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 34/114	
2	FILER NAME Lee, Jennife	r A.		3	Filer ID (Ethics Commission 00088259	n Filers)
4	Date 09/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$37.50
8	Dringing! goog	Seattle, WA 98106 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Not Employe	·	Not Employed	')		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Scott, Vaughan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Retired	,	University of Texas	,		
	Date 10/08/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Dringinal acqu	Austin, TX 78765 pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See instructions	')		
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_ Snelling, Dawn T. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Drincinal occu	Temple, TX 76502 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Retired	')		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Spain, Diana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.08
		Austin, TX 78751				
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 31/36 Rpt: 35/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 10/17/2024	5 Full name of contributor Starks, Nikki6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_		Belton, TX 76513			Ĺ		
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor Stokes Hilton, Lee Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		,	Not Employed	,		
	Date 10/16/2024	Full name of contributor Sumers, Kathleen Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Los Angeles, CA 90068					
	Principal occu Not Employe	pation / Job title (See Instructions ed	()	Employer (See Instructions Not Employed	5)		
	Date 10/13/2024	Full name of contributor Tanner, Louis Contributor address; City; St AUSTIN, TX 78744-4470	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		
	Date 10/17/2024	Full name of contributor Texas Bluebonnet Pac Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
			I				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/36 Rpt: 36/114	
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	on Filers)
4	Date 10/11/2024	5 Full name of contributor Texas Parent Pac6 Contributor address; City; Star			7	Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor [Thompson, Denis Contributor address; City; Star)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78752 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Programmer			University of Texas at A		in	
	Date 10/06/2024	Full name of contributor [Ton, William Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
		Austin, TX 78701					
	Principal occu Cloud Secur	pation / Job title (See Instructions) ity Lead		Employer (See Instructions GAMA1	5)		
	Date 10/05/2024	Full name of contributor Vanecek, Michelle Contributor address; City; State Pflugerville, TX 78660)		Amount of Contribution (\$)	\$25.00
	Principal occu Training Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Premier Research Grou			
	Date 10/19/2024	Full name of contributor Vanecek, Michelle Contributor address; City; Star Pflugerville, TX 78660	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Training Mar	pation / Job title (See Instructions)		Employer (See Instructions Premier Research Grou			
	g		I		-		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 33/36 Rpt: 37/114		
2	FILER NAME Lee, Jennifer A.				3	Filer ID (Ethics Commission 00088259	n Filers)	
4	Date 10/10/2024	10/10/2024 Waltrip, Laura 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_		Austin, TX 78735	la la	5 1 (2 1 1 1	<u></u>			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Emergency Service Par		rs		
	Date 09/30/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Professor	pation / oos tille (oos molituditone)		University of Texas	-,			
	Date 09/30/2024	Full name of contributor out-of-state P. Weihs, Diana Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$50.00	
		Austin, TX 78703						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central texas ob-gyn as	•	ciation		
	Date 10/10/2024	Full name of contributor out-of-state P. Weihs, Diana Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$)	\$50.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central texas ob-gyn as		ciation		
	Date Full name of contributor				Amount of Contribution (\$)	\$15.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
			1					

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 34/36 Rpt: 38/114	
2	FILER NAME Lee, Jennifer A.					Filer ID (Ethics Commissio 00088259	n Filers)
4	10/10/2024 West, Ann 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
8	Principal occu	Belton, TX 76513-1624 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Whitlow, Stuart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Cedar Park, TX 78613				<u></u>		
Principal occupation / Job title (See Instructions) Not Employed Not Employed				Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 Williams Sr, Johnnie James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Killeen, TX 76542					
	Principal occup	pation / Job title (See Instructions) driver		Employer (See Instructions Killeen ISD	s)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00	
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2024 Wu, Eugene Contributor address; City; State; Zip Code Houston, TX 77081			•	Amount of Contribution (\$)	\$250.00	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	1	Total pages Schedule A1: Sch: 35/36 Rpt: 39/114					
2	FILER NAME Lee, Jennifer A.					Filer ID (Ethics Commission 00088259	n Filers)		
4	Date 10/16/2024	10/16/2024 Yancy, Mary 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00			
_	Deinsinal assu	West Lake Hills, TX 78746	- 10	Franklauser (Casa Instructions	<u></u>				
8	Principal occu Psychologist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 black, mary Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$2.08				
	Austin, TX 78756 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>				
	Not employed			Not employed					
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00			
		encino, CA 91436							
	Principal occu musician	pation / Job title (See Instructions)		Employer (See Instructions self	s)				
	Date Full name of contributor out-of-state PAC (ID#:_ 10/19/2024 daniel, john)	•	Amount of Contribution (\$)	\$25.00		
	Principal occu musician	pation / Job title (See Instructions)		Employer (See Instructions self	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 jones, carl Contributor address; City; State; Zip Code spicewood, TX 78669				Amount of Contribution (\$)	\$50.00			
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)				
			•						

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 36/36 Rpt: 40/114			
2	FILER NAME Lee, Jennifer A.					Filer ID (Ethics Commission 00088259	n Filers)
4	Date 10/11/2024			7	Amount of Contribution (\$)	\$100.00	
0	Dringing con	Austin, TX 78730	lo.	Employer (See Instructions	<u></u>		
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions Texas A&M	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 myers, dan Contributor address; City; State; Zip Code houston, TX 77005				•	Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> 5)		
	Not Employed Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:) 09/29/2024 petty, melissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Honoluli, HI 96825					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00	
	Principal occupation / Job title (See Instructions) teacher			Employer (See Instructions Austin ISD	5)		
	Date 10/10/2024 Full name of contributor out-of-state PAC (ID#:) walters, Jerry W. Contributor address; City; State; Zip Code Temple, TX 76502			•	Amount of Contribution (\$)	\$50.00	
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			1				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 41/114 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00088259 Lee, Jennifer A. TOTAL OF LINITEMIZED INLKIND DOLLTICAL CONTDIBUTIONS 0.00

TOTAL OF	ONITEMIZED IN-KIND POLITICAL CONTRIB	DUTIONS	Ф	0.00
5 Date	6 Full name of contributor Out-of-state PAC (ID#:	\	8 Amount of	9 In-kind contribution
10/23/2024	— — — — — — — — — — — — — — — — — — —	contribution (\$)		
10/20/2024		\$800.00	GOTV Texting	
	7 Contributor address; City; State; Zip Code			
				[
	San Antonio, TX 78278			i
40 Dringing Lago		44 Franksian (FOD NON		outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See I	nstructions)
100	· · · / (500 NIDION)	40.0	(505 TUBIOLAL)	(0
12 Contributors	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) ((FOR JUDICIAL)
16 If contributor	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
10/08/2024	Represent Texas		contribution (\$)	l ·
	Contributor address; City; State; Zip Code		\$428.57	Rides to the polls program
	, , , , , , , , , , , , , , , , , , ,			!
				1 [
	Dallas, TX 75214		Check if travel	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 contributo	or's spouse (if anv) (FOR JUDICIAL)
	,			,
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J		
D-4-	Full recover of contributes.		A	In the description
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description
09/29/2024	Scudder, Kendall			Compliance Consulting
	Contributor address; City; State; Zip Code]
				į
	Dollag TV 75214			!
5	Dallas, TX 75214	- L (505 HON		outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See i	nstructions)
Business O		Self		<u></u>
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	r's spouse (if any) ((FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us		Version V4.1.0.48da51f

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: 42/114 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lee, Jennifer A. 00088259 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/17/2024 **Texas Parent Pac** \$3,232.18 Campaign Mailers 7 Contributor address; City; State; Zip Code Austin, TX 78703 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (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 B
т	he Instruction Guide ex	plains how to comple	ete this form.	1	Total pages Scho	
2 FILER N. Lee, Jer				3	Filer ID (E1 00088259	thics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	:)) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code				
			Tax	[tside of Texas. Complete Schedule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Instr	ructi	ons)	

	LOANS						SCH	EDULE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	1		ges Schedule E: 1 Rpt: 44/114	
2	FILER NAME Lee, Jennifer A.				3	Filer ID 000882	(Ethics Commi	ssion 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 Amou	nt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rat	
							11 Maturity Da	te
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political acc	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Gu	aranteed (\$)
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	a category not listed at	oove)
	·			The Instruction G	uide explains h	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/70 Rpt: 45/114		Lee, Jennife	er A.						00088259		
4	Date	5	Payee name									
	09/27/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$0.09		P.O. Box 44	1146								
			Somerville, I	MA 02144								
8	PURPOSE	├	<u> </u>				(h)	Description				
ľ	OF	ı	Fees (Se	e Categories listed at	the top of this sche	edule)	(2)	`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 663					=		officeholder livin		
								Donation Pro	ces	sing Fee		
9	Complete ONLY if direct		andidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/27/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1.98		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	├				T	(h)	Description				
	OF		Fees (Se	e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		rees					<u></u>		officeholder livin		
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct		andidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/27/2024		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	adula)	(b)	Description				
	OF	ı	Fees	e categories listed at	the top of this serie	sudic)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE									officeholder livin	g expense	
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct		andidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OH											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising 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: 2/70 Rpt: 46/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/27/2024	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 rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	09/28/2024	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.
		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	
⊨	<u> </u>	
	Date	Payee name
	09/28/2024	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
1		Donation Frocessing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\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 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: 3/70 Rpt: 47/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/28/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	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	Dove nome
	09/29/2024	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 (100033)ing (00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
		<u> </u>
	Date	Payee name
	09/30/2024	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
	Commiste ONLY if direct	Constitute / Office helder no year
	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 -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 4/70 Rpt: 48/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/30/2024	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 Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/30/2024	ActBlue Texas
L		11 11 11 11
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Para and a second secon
	Date 09/30/2024	Payee name 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
		Donation 1 rocessing rec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/70 Rpt: 49/114	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	09/30/2024	ActBlue Texas	
6	Amount (\$) \$1.98	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	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/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/30/2024	ActBlue Texas	
	Amount (\$) \$1.49	Payee address; City; State; Zip Code P.O. Box 441146	
	BUBBOOK	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	
	09/30/2024	ActBlue Texas	
	Amount (\$) \$5.93	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

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
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/70 Rpt: 50/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/30/2024	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/30/2024	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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	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.
	EXPENDITORE	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
	experialiture 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: 7/70 Rpt: 51/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	09/30/2024	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
		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
	09/30/2024	ActBlue Texas
		11 11 11 11
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.80	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
_	Compulate ONII V if dive at	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/30/2024	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	
_		

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

Expense Travel in Dis
Expense Travel Out o
s/Wages/Contract Labor OTHER (ent

	Candidate/Officeholder/Politica Credit Card Payment	al Con	nmittee Legal Services The Instruction Guide ex			s/Contract Labor ete this form.	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 8/70 Rpt: 52/114	ı	Lee, Jennifer A.				00088259	,
4	Date	5	Payee name			I		
	10/01/2024		ActBlue Texas					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode			
	\$0.40		P.O. Box 441146					
			Somerville, MA 02144					
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description		
	OF EXPENDITURE		Fees			Check if travel outs		
						Check if Austin, TX		g expense
						Donation Proces	ssing Fee	
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	Ļ	F1 - 10 (F1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0,11	<u> </u>		O.W. 1	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ugnt		Office h	eia
	<u> </u>							
	Date		Payee name					
	10/01/2024		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	f this schedule)	(b)	Description		
	OF EXPENDITURE		Fees	· tino concadio)		Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin, TX		g expense
						Donation Proces	ssing Fee	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught		Office h	eld
		_						
	Date		Payee name					
	10/01/2024		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	f this schedule)	(b)	Description		
	OF EXPENDITURE		Fees			Check if travel outs		
						Check if Austin, TX		g expense
						Donation Proces	saling Fee	
	Complete ONLY if direct	Ļ	andidata/Officabaldar sama	Office	I Ch +		Office !-	old.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ugnt		Office h	eiu

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
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/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: 9/70 Rpt: 53/114	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/01/2024	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 Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/02/2024	ActBlue Texas
L		
	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
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
⊨	Date	Davies name
	10/02/2024	Payee name ActBlue Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	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/OI	
\vdash		

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: 10/70 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	10/02/2024	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 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/OH	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	10/03/2024	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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/03/2024	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 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	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	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

	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: 11/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/03/2024	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/OI	
H	Date	Payao namo
	10/04/2024	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	10/05/2024	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
\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
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: 12/70 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		I		
	10/05/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$7.90	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		b) Descr	rintion		
	OF	Fees	_	eck if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE			eck if Austin, TX, o		expense
			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	- CAPCHARATO TO DOMONE GAO					
	Date	Payee name				
	10/05/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$0.99	P.O. Box 441146				
l		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Descr	ription		
l	OF EXPENDITURE	Fees		eck if travel outsid		
l				eck if Austin, TX, o		expense
l			Dona	alion Froces.	sing rec	
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	7ld
	expenditure to benefit C/OI	•			Omoo no	, i
-	Date	Payee name				
	10/06/2024	ActBlue Texas				
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146	e			
	φ0.40	F.O. BOX 441140				
		Caman illa MA 004.44				
		Somerville, MA 02144				
	PURPOSE OF	,	Descr		o of Toyon Com	nlata Sahadula T
	EXPENDITURE	Fees		eck if travel outsid eck if Austin, TX, o		
				ation Proces		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					
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 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 this f	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 13/70 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		I		
	10/06/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.95	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		D) Descri	ntion		
	OF	Fees			e of Texas. Com	plete Schedule T.
	EXPENDITURE			ck if Austin, TX, o		expense
			Donat	tion Process	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	experientare to benefit Grot					
	Date	Payee name				
	10/06/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$3.95	P.O. Box 441146				
l		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Descri	ption		
l	OF EXPENDITURE	Fees				plete Schedule T.
l				ck if Austin, TX, c		expense
			Donat	uon Frocess	sing rec	
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	7ld
	expenditure to benefit C/OI	9			Omoo no	, i
-	Date	Payee name				
	10/06/2024	ActBlue Texas				
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146	2			
	Φ1.90	F.O. BOX 441140				
		Companyilla MA 004.44				
		Somerville, MA 02144				
	PURPOSE OF	, ,	Descrip		a of Toyloo Com	plata Cabadula T
	EXPENDITURE	Fees		ck if Austin, TX, c		plete Schedule T. Lexpense
				tion Process		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/OI					
l						

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 com	plete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/70 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		I		
	10/06/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$19.75	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		b) Desc	rintion		
	OF	Fees	_	neck if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE			neck if Austin, TX, o		expense
			Dona	ation Process	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt		Office he	eld
	experientare to benefit 6/61	•				
	Date	Payee name				
	10/06/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$9.88	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	ription		
	OF EXPENDITURE	Fees		neck if travel outside		
	LXI ENDITORE			neck if Austin, TX, o		expense
			Dona	ation Process	sing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	at		Office he	old.
	expenditure to benefit C/O		IL		Office fie	eiu
_						
	Date	Payee name				
	10/06/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$19.75	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Desc			
	EXPENDITURE	Fees		neck if travel outside neck if Austin, TX, o		•
				ation Process		expense
			20110		J19 1 00	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/O		••		350 110	
\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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	<u> </u>
	10/07/2024	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.
	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	
	10/08/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	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	EXI ENDITORE		Check if Austin, TX, officeholder living expense
l			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
-	Date		
	Date 10/08/2024	Payee name ActBlue Texas	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.09	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
			Ŭ
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

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	ete this form.
1	Total pages Schedule F1: Sch: 16/70 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 10/08/2024	5 Payee name ActBlue Texas		
6	Amount (\$) \$9.88	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/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 10/08/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.20	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 souç	ght	Office held
	Date 10/08/2024	Payee name ActBlue Texas		
	Amount (\$) \$19.75	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 Candidate/Officeholder/Political Committee
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 17/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/08/2024	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 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
	10/08/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	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
	10/09/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$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 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 comp	plete this f	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 18/70 Rpt:	Lee, Jennifer A.			00088259	
4	Date	5 Payee name		<u> </u>		
	10/09/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.98	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE		Descri	intion		
	OF	Fees			le of Texas. Com	plete Schedule T.
	EXPENDITURE				officeholder living	j expense
			Donat	tion Proces	sing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	experientare to benefit Grot	'				
	Date	Payee name				
	10/10/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$0.17	P.O. Box 441146				
l		Somerville, MA 02144				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Descri	ption		
l	OF EXPENDITURE	Fees				plete Schedule T.
l	LXI LINDITORE				officeholder living	gexpense
l			Donai	tion Proces	sing Fee	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u></u>		Office he	nld
	expenditure to benefit C/OI	•	IL		Office fie	eiu
⊨	<u> </u>	_				
	Date	Payee name				
L	10/10/2024	ActBlue Texas				
l	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$0.99	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Descri			
	EXPENDITURE	Fees			le of Texas. Com officeholder living	plete Schedule T.
			_	tion Proces		y expense
			Donat		JIg 1 00	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld .
	expenditure to benefit C/OI				500 110	-
\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 com	te this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 19/70 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name			
	10/10/2024	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	_	side of Texas. Comple	ete Schedule T.
	EXPENDITURE		_	, officeholder living e	xpense
			Donation Proce	ssing Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough		Office held	1
	experientare to benefit 6/61	•			
	Date	Payee name			
	10/10/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.98	P.O. Box 441146			
l		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
l	OF EXPENDITURE	Fees		side of Texas. Comple	
l	LXI ENDITORE		_	, officeholder living e	xpense
l			Donation Proce	ssing Fee	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	4
	expenditure to benefit C/O	•		Office field	1
⊨	5.				
	Date	Payee name			
L	10/10/2024	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)	Description		
	EXPENDITURE	Fees	ш	side of Texas. Comple X, officeholder living e	
			Donation Proce		xperise
			_ 311441011111000		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held	1
	expenditure to benefit C/O			O.IIIOO IIOIO	-
\vdash					

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fronsulting Expense Fronsulting Expense Contributions/ Donations Made By - Gandidate/Officeholder/Political Committee Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this forr	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 20/70 Rpt:	Lee, Jennifer A.		00088259	
4 Date	5 Payee name		•	
10/10/2024	ActBlue Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.98	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	Fees	Check if	f travel outside of Texas. Co	
EXI ENDITORE		. —	f Austin, TX, officeholder livi	ng expense
		Donation	n Processing Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht.	Office I	aold
expenditure to benefit C/O		ugni	Office i	ieiu
	T			
Date	Payee name			
10/10/2024	ActBlue Texas			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$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		f travel outside of Texas. Co f Austin, TX, officeholder livii	
			n Processing Fee	ig oxponed
			· ·	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office I	neld
expenditure to benefit C/O	Н			
Date	Payee name			
10/10/2024	ActBlue Texas			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.98	P.O. Box 441146			
	Somerville, MA 02144			
PURPOSE	(-) -	(b) Description	on	
OF	(a) Category (See Categories listed at the top of this schedule) Fees		orr f travel outside of Texas. Co	mplete Schedule T.
EXPENDITURE		Check if	f Austin, TX, officeholder livin	ng expense
		Donation	n Processing Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office I	neld
experialitie to beliefft 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 Commi

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: 21/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/10/2024	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 Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	10/10/2024	ActBlue Texas
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
	Ψ0.55	1.0. 000 441140
		Companilla MA 02144
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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/10/2024	ActBlue Texas
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
	Ψ1.50	1.0. 50% 441140
		Somerville, MA 02144
L	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
1		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
一		
I		

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	plet	e this form.
1	Total pages Schedule F1: Sch: 22/70 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 10/10/2024	5 Payee name ActBlue Texas		00000239
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	е	
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/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date 10/10/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146	е	
		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 sough	nt	Office held
	Date 10/10/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146	е	
		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/OI	Candidate/Officeholder name Office sough	nt	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
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl		, , , , , , , , , , , , , , , , , , , ,			
1	Total pages Schedule F1:	· ·		3 Filer ID (Ethics Commission Filers)			
	Sch: 23/70 Rpt:	Lee, Jennifer A. 00088259					
4	Date	5 Payee name		-			
	10/10/2024	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)) De	Description			
	OF	Fees		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense			
			Do	Oonation Processing Fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Ī	Office held			
	Date	Payee name					
	10/10/2024	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)) De	Description			
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITORE		Ī	Check if Austin, TX, officeholder living expense			
			DC	Oonation Processing Fee			
	Commission ONII V if divers	Condidate/Officeholder regree		Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held			
	Date	Payee name					
	10/11/2024	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)) De	Description			
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.			
			Ц	Check if Austin, TX, officeholder living expense			
			D	Oonation Processing Fee			
	Complete ONLY if direct	Condidate/Officeholder name		Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	L	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

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	mple	ete this form.
1	Total pages Schedule F1: Sch: 24/70 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 10/11/2024	5 Payee name ActBlue Texas		
6	Amount (\$) \$0.24	7 Payee address; City; State; Zip Co 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 sou	ght	Office held
	Date 10/11/2024	Payee name ActBlue Texas		
	Amount (\$) \$1.98	Payee address; City; State; Zip Co 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 sout	ght	Office held
	Date 10/11/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.40	Payee address; City; State; Zip Co 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 sout	ght	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
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 c	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILE	R NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 25/70 Rpt:	Lee	Jennifer A.				00088259	
4	Date	5 Paye	ee name			•		
	10/11/2024	ActE	Blue Texas					
6	Amount (\$)	7 Paye	ee address; City;	State; Zip C	ode			
	\$1.98	P.O	Box 441146					
		Som	nerville, MA 02144					
8	PURPOSE	(a) Cate	gory (See Categories listed	at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fee		,		Check if travel outs		
	LAPENDITORE					Check if Austin, TX		g expense
						Donation Proces	ssing Fee	
_	Complete ONLY if direct	Canali	data/Officalbaldov vacina	O#ioo oo			Office h	ماط
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name	Office so	ugni		Office h	eiu
_	Data							
	Date	•	ee name					
	10/11/2024		Blue Texas					
	Amount (\$)		ee address; City;	State; Zip C	ode			
	\$3.95	P.O	Box 441146					
		Som	nerville, MA 02144					
	PURPOSE	(a) Cate	gory (See Categories listed	at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fee	S			Check if travel outs Check if Austin, TX		
						Donation Proces		y expense
						201104110111110001	g . 00	
	Complete ONLY if direct	Candi	date/Officeholder name	Office so	<u>I</u> uaht		Office h	eld
	expenditure to benefit C/OI				3			
_	Date	Dave	ee name					
	10/11/2024		Blue Texas					
	Amount (\$)		ee address; City;	State; Zip C	ode			
	\$0.20		Box 441146	State, Zip C	oue			
	Ψ0.20		BOX 441140					
		Som	nerville, MA 02144					
	BUBBOOF				10.3			
	PURPOSE OF	(a) Cate	. (at the top of this schedule)	(D)	Description Check if travel outs	ide of Texas, Con	nplete Schedule T.
	EXPENDITURE	Fee	5			Check if Austin, TX		
						Donation Proces	ssing Fee	
	Complete ONLY if direct		date/Officeholder name	Office so	ught		Office h	eld
	expenditure to benefit C/OI	I						

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 Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 26/70 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4	Date 10/11/2024	5 Payee name ActBlue Texas	I
6	Amount (\$) \$1.98	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/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/13/2024	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 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 10/13/2024	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

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 The Instruction Guide exp		Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 27/70 Rpt:	Lee, Jennife	r A.					00088259	
4	Date	5 Payee name							
	10/13/2024	ActBlue Tex	as						
6	Amount (\$) \$0.99	7 Payee addres P.O. Box 44	•	State; Zip Co	ode				
		Somerville, I							
8	PURPOSE OF		e Categories listed at the top of	this schedule)	(b)	Description		do of Toyloo Com	plata Cabadula T
	EXPENDITURE	Fees				_		de of Texas. Com officeholder living	
						Donation Pro			, oxponice
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	10/13/2024	ActBlue Tex	as						
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode				
	\$1.98	P.O. Box 44	•						
	, =								
		Somerville, I	MA 02144						
	PURPOSE OF	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees				<u></u>		de of Texas. Com officeholder living	
						Donation Pro			expense
						Donation	000	oning i cc	
	Complete ONLY if direct expenditure to benefit C/Oh	 Candidate/Offic 	eholder name	Office sou	<u>l</u> ught			Office he	eld
	Date	Payee name							
	10/14/2024	ActBlue Tex	as						
	Amount (\$)	Payee addres	s; City;	State: Zip Co	nde				
	\$0.99	P.O. Box 44		olalo, zip ol	Juc				
	Ψ0.55	1 .0. 60% 44	1140						
		Somerville, I	MA 02144						
	PURPOSE OF	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees						de of Texas. Com officeholder living	
						Donation Pro			l evheiize
						Donation F10	o c s	Silly I-CC	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	laht			Office he	eld
	expenditure to benefit C/O			511100 300	r			000 110	

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: 28/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/14/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	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	
	Date	Payee name
	10/15/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.28	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
	10/15/2024	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	

SCHEDULE F1

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

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

Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Legal Services Salaries/

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magas/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: 29/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/16/2024	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
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/16/2024	ActBlue Texas
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
	Φ1.90	F.O. BOX 441140
		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	
H	Date	Payee name
	10/16/2024	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 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 Solarios (Magne) (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/16/2024	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2024	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2024	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
		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 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: 31/70 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	10/16/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.58	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/OH	Н	
	Date	Payee name	
	10/16/2024	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	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
	Date	Payee name	_
	10/16/2024	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 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

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: 32/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/16/2024	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/OI	
	Date	Payee name
	10/16/2024	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 discont	Open finds to 10 ff and half are some of the same of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name ActBlue Texas
	10/17/2024	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146
	\$1.98	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/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 co	mple	ete this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 33/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	10/17/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$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 rocessing 1 ce
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
ľ	expenditure to benefit C/OI		giit	Cinice Hold
⊨	Date	Davis name		
	10/17/2024	Payee name ActBlue Texas		
			, do	
	Amount (\$) \$0.99	Payee address; City; State; Zip Co P.O. Box 441146	ue	
	Φ0.99	P.O. BOX 441140		
		Companiello 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 Toyon, 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 sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/17/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Condidate/Officeholder nema	ab+	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynt	Office held

SCHEDULE F1

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

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 Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 34/70 Rpt:	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259						
4	Date 10/17/2024	5 Payee name ActBlue Texas	'						
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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date 10/17/2024	Payee name ActBlue Texas							
	Amount (\$) \$3.95	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 10/17/2024	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/Ol	Candidate/Officeholder name Office sought	Office held						

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		kpens /ages	se s/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 35/70 Rpt:		Lee, Jennifer A.				00088259	
4	Date	5	Payee name			•		
	10/17/2024		ActBlue Texas					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$0.99		P.O. Box 441146					
			Somerville, MA 02144					
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description		
	OF EXPENDITURE		Fees			Check if travel outside		
						Check if Austin, TX, Donation Proces		g expense
						Donation 1 10ccs	ising rec	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht		Office h	eld
	expenditure to benefit C/OI				9			
	Date		Payee name					
	10/17/2024		ActBlue Texas					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$3.95		P.O. Box 441146					
			Somerville, MA 02144					
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description		
	OF EXPENDITURE		Fees			Check if travel outside Check if Austin, TX,		
						Donation Proces		у схренае
							3	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office h	eld
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	10/17/2024		ActBlue Texas					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$0.99		P.O. Box 441146					
			Somerville, MA 02144					
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description		
	OF EXPENDITURE		Fees			Check if travel outside		•
						Check if Austin, TX, Donation Proces		g expense
						20114110111110003	onig i cc	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	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

Fees Office Over Food/Beverage Expense Polling E Gitt/Awards/Memorials Expense Printing E Legal Services Salaries/

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 File	r ID	(Ethics Commission Filers)
	Sch: 36/70 Rpt:	Lee, Jennifer A.		000	088259	
4	Date	5 Payee name				
	10/17/2024	ActBlue Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>			
	\$0.99	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE) Description			
	OF	Fees		el outside of	Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Aus			j expense
			Donation P	rocessin	g Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t		Office he	eld
	experientare to benefit Grot	•				
	Date	Payee name				
	10/17/2024	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)) Description			
	OF EXPENDITURE	Fees	\Box			plete Schedule T.
	LAI LINDITORE		Check if Aus			gexpense
			Donation P	ocessin	y ree	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	+		Office he	nld
	expenditure to benefit C/OI	•	ι		Office file	eiu
_						
	Date	Payee name				
	10/17/2024	ActBlue Texas				
	Amount (\$)	Payee address; City; State; Zip Code	•			
	\$9.88	P.O. Box 441146				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)) Description			
	EXPENDITURE	Fees	Check if trav			plete Schedule T.
			Donation P			j expense
			Donadonii	3000011	9.00	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI		-		J.1100 110	- -
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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 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: 37/70 Rpt:	Lee, Jennifer A. 00088259						
4	Date	5 Payee name						
	10/17/2024	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) 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							
H	Date	Payee name						
	10/17/2024	ActBlue Texas						
┝	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.95	P.O. Box 441146						
	φ3.93	F.O. BOX 441140						
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						
		Donation 1 rocessing rec						
⊢	Complete ONLY if direct	direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
H	Date	Payee name						
	10/17/2024	ActBlue Texas						
L	Amount (\$)	Payee address; City; State; Zip Code						
	\$0.79	P.O. Box 441146						
	Ф0.79	P.O. BOX 441140						
		0 " 144 004 44						
		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						
1		2 5.1.a.i.o. 1. 330000 ii.g 1. 00						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
1	expenditure to benefit C/OI							
\vdash								
ı								

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	strict i category not listed a	bove)
				The Instruction G	uide explains h	ow to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 38/70 Rpt:		Lee, Jennife	r A.						00088259		
4	Date	5	Payee name									
	10/18/2024		ActBlue Tex	as								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$0.99		P.O. Box 44	1146								
			Somerville, I	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ho top of this school	dulo)	(b)	Description				
	OF	 `´	Fees	e Categories listed at t	ne top of this sched	uuie)	` ′	`	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	TX,	officeholder living	g expense	
								Donation Pro	ces	sing Fee		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	10/18/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$0.04		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this scher	dule)	(b)	Description				
	OF	` '	Fees	e categories listed at t	ne top or this series	auic)		`	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE									officeholder living	g expense	
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice souç	ght			Office h	eld	
	experialitate to beliefit C/O											
	Date		Payee name									
	10/18/2024		ActBlue Tex	as								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$3.95		P.O. Box 44	1146								
			Somerville, I	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this scher	dule)	(b)	Description				
	OF EXPENDITURE		Fees			,			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE									officeholder living	g expense	
								Donation Pro	ces	sing Fee		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice souç	ght			Office h	eld	
	experience to beliefft C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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: 39/70 Rpt:	Lee, Jennifer A.		00088259					
4	Date	5 Payee name							
	10/18/2024	ActBlue Texas							
6	Amount (\$)	7 Payee address; City; State; Zip Code	e						
	\$0.99	P.O. Box 441146							
		Somerville, MA 02144							
8	PURPOSE OF	,	b) [Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Fees	F	Check if dustin, TX, officeholder living expense					
			Ī	Donation Processing Fee					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held					
	experiorations to benefit C/Oi	'							
	Date	Payee name							
	10/18/2024	ActBlue Texas							
	Amount (\$)	Payee address; City; State; Zip Code	е						
	\$3.95	P.O. Box 441146							
		Somerville, MA 02144							
	PURPOSE OF	,	b) [Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Fees	F	Check if dustin, TX, officeholder living expense					
			_	Oonation Processing Fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held					
	experientare to benefit G/OI	'							
	Date	Payee name							
	10/18/2024	ActBlue Texas							
	Amount (\$)	Payee address; City; State; Zip Code	е						
	\$19.75	P.O. Box 441146							
		Companillo 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	rees	Ė	Check if Austin, TX, officeholder living expense					
				Donation Processing Fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	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/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: 40/70 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	10/18/2024	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	٦
	expenditure to benefit C/OH	-	
	Date	Payee name	=
	10/18/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$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/OF		
	Date	Payee name	=
	10/18/2024	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 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

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	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		·
	10/18/2024	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) (b)	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 rocessing 1 ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			Cindo incid
	Date	Payee name		
	10/18/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3.95	P.O. Box 441146		
	Ψ0.50	1.0. Box 441140		
		Somerville, MA 02144		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	U)	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experialitate to beliefit of of	'		
	Date	Payee name		
	10/18/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$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
				Š
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
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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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 42/70 Rpt:	Lee, Jennifer A.		00088259	
4 Date	5 Payee name		•	
10/18/2024	ActBlue Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$9.88	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		l outside of Texas. Comp	lete Schedule T.
EXPENDITORE		. —	n, TX, officeholder living	expense
		Donation Pro	ocessing Fee	
O Compulate ONII V if dispert	Constitute (Office helder name		O#ica hal	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	igni	Office hel	u
Date	Payee name			
10/19/2024	ActBlue Texas			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$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	ı L.	I outside of Texas. Comp n, TX, officeholder living	
			ocessing Fee	окролюе
			J	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	ld
expenditure to benefit C/O	Н			
Date	Payee name			
10/19/2024	ActBlue Texas			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$0.80	P.O. Box 441146			
	Somerville, MA 02144			
PURPOSE	() -	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees		I outside of Texas. Comp	lete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living	expense
		Donation Pro	ocessing Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office hel	d
experientiale to beliefft C/O				

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 Committee

Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Legal Services Sa

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	te this form.
1	Total pages Schedule F1: Sch: 43/70 Rpt:	2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4	Date 10/19/2024	5 Payee name ActBlue Texas		
6	Amount (\$) \$0.99	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 soug	jht	Office held
	Date 10/19/2024	Payee name ActBlue Texas		
	Amount (\$) \$3.95	Payee address; City; State; Zip Coo 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	jht	Office held
	Date 10/19/2024	Payee name ActBlue Texas		
	Amount (\$) \$0.20	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	jht	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/ 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

1 Total pages Schedule F1: Sch: 44/70 Rpt: Lee, Jennifer A. 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee		Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
Date 10/19/2024 5 Payee name ActBlue Texas	1	Total pages Schedule F1:	
Actible Texas Actible Texas 7 Payee address; City; State; Zip Code POBONA 411146 Somerville, MA 02144 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date 10/19/2024 Actible Texas Amount (\$) Payee address; City; State; Zip Code Poses if Audin, Tx, officeholder in ame Office sought Office held Diffice held Office held Diffice Sought Office held Diffice Sought Office held Diffice held Diffice Sought Office held Diffice held Diffice Sought Office held Diffice held		Sch: 44/70 Rpt:	Lee, Jennifer A. 00088259
To 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) PEXPENDITURE (b) Description	4	Date	5 Payee name
S3.95 P.O. Box 441146 Somerville, MA 02144 8 PURPOSE OF EXPENDITURE 9 Complete QNLY if direct expenditure to benefit C/OH Payee name 10/19/2024 ActBlue Texas Amount (\$) Payee address; City; State; Zip Code EXPENDITURE 10 Candidate/Officeholder name 10 Complete QNLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE 20 Camplete QNLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE 10 Candidate/Officeholder name 10 Complete QNLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE 10 Candidate/Officeholder name 10 Complete QNLY if direct expenditure to benefit C/OH PORTOR S1.98 Payee name ActBlue Texas Amount (\$) Payee name ActBlue Texas ActBlue Texas Amount (\$) Payee name ActBlue Texas ActBlue Texas Amount (\$) Payee name ActBlue Texas ActBlue Te		10/19/2024	ActBlue Texas
Somerville, MA 02144 8	6	Amount (\$)	7 Payee address; City; State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held		\$3.95	P.O. Box 441146
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
Check if Pavel outside of Texas. Complete Schedule T. Check if Pavel outside of Texas. Complete Schedule T. Check if Austin, Tx, officiolider living expense			Somerville, MA 02144
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name ActBlue Texas Amount (s) Payee address; City; State; Zip Code POBLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 10/19/2024 ActBlue Texas Amount (s) Payee address; City; State; Zip Code Fees OF Expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Date 10/19/2024 ActBlue Texas Amount (s) Payee name Office sought Office held Payee name ActBlue Texas Amount (s) Payee name ActBlue Texas Amount (s) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 PURPOSE OF Expenditure to benefit C/OH Payee name ActBlue Texas Amount (s) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 PURPOSE OF Expenditure to Categories listed at the top of this schedule) Check if available of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Obj Description Check if Austin, Tx, officeholder living expense Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
9 Complete ONLY if direct expenditure to benefit C/OH Date		-	
Date 10/19/2024			Bondaon Frocessing Fee
Date 10/19/2024	9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Amount (\$)			
Amount (\$)		Date	Payee name
Amount (\$)			
\$0.99 P.O. Box 441146 Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee Candidate/Officeholder name Office sought Office held Payee name ActBlue Texas Amount (\$) 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 Austin, TX, officeholder inving expense Donation Processing Fee (b) Description Check if Austin, TX, officeholder inving expense Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description		40.00	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description			Somerville, MA 02144
Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		PURPOSE	
Complete ONLY if direct expenditure to benefit C/OH Date		OF	
Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE	Check if Austin, TX, officeholder living expense
Date 10/19/2024			Donation Processing Fee
Date 10/19/2024		0 1: 0.11.7.7.1.	
ActBlue Texas Amount (\$) 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) Check if ravel 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			
ActBlue Texas Amount (\$) 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) Check if ravel 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			
Amount (\$) 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 Candidate/Officeholder name Office sought Office held			
\$1.98 P.O. Box 441146 Somerville, MA 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 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			
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 Candidate/Officeholder name Office sought Office held			
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 Candidate/Officeholder name Office sought Office held		\$1.98	P.O. Box 441146
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 Candidate/Officeholder name Office sought Office held			
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 Fees 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 Candidate/Officeholder name Office sought Office held			1003
expenditure to benefit C/OH			
		expenditure to benefit C/OI	1

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 Salarice Magnet/Contract Labor

	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: 45/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/19/2024	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/20/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
	¥2.00	
		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
	Occasionate ONLY if alice at	Occadidate (Office helds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2024	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.09	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
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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 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: 46/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/21/2024	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
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9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	10/21/2024	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	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 10/22/2024	Payee name ActBlue Texas
		11 11 11 11
	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
		Dollation Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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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 fo	rm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
	Sch: 47/70 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name		•	
	10/22/2024	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Zip Code	9		
	\$0.79	P.O. Box 441146			
		Somerville, MA 02144			
8	PURPOSE		Descript	tion	
	OF	Fees		k if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			c 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 Grot				
	Date	Payee name			
	10/22/2024	ActBlue Texas			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$1.98	P.O. Box 441146			
l		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descript	tion	
	OF EXPENDITURE	Fees		c if travel outside of Texas. Complete Schedule T.	
l	EXI ENDITORE			x if Austin, TX, officeholder living expense	
l			Donau	on Processing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held	
	expenditure to benefit C/OI	9	ıı	Office field	
-	Date				
	Date 10/22/2024	Payee name ActBlue Texas			
L					
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$0.79	P.O. Box 441146			
		Somerville, MA 02144			
	PURPOSE OF	, ,	Descript		
	EXPENDITURE	Fees		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense	
				on Processing Fee	
				3	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/OI				
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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: 48/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/22/2024	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	
_		
	Date	Payee name
	10/22/2024	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 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
	10/22/2024	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/22/2024	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 10/22/2024	Payee name 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	1
	Date	Payee name
	10/22/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
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	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	10/22/2024	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	1 665	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	H	
	Date	Payee name	
	10/22/2024	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	1663	outside of Texas. Complete Schedule T.
		I	n, TX, officeholder living expense DCESSING Fee
			, occog
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/22/2024	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	' 663	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ocessing Fee
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

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

Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 51/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	10/22/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$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
				J
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	10/23/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$3.95	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE		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
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	.		Cince had
_	Date	Payee name		
	10/23/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	<u>e</u>	
	\$3.95	P.O. Box 441146	Ŭ	

		Somerville, MA 02144		
	PURPOSE	[42.6]	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	Σ,	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Ondition to bottom O/OI	•		

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: 52/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	10/23/2024	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	1 669	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Donation Pro	
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/24/2024	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	1 003	outside of Texas. Complete Schedule T.
		Donation Pro	n, TX, officeholder living expense
		20.14	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/25/2024	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	1 663	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Donation Pro	
			3
	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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 53/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		•
	10/25/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
			Ļ	-
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	10/25/2024	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.
				Check if Austin, TX, officeholder living expense Donation Processing Fee
				Donation Flocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
	expenditure to benefit C/OI		igiit	Office field
	Data	Davisa nama		
	Date 10/25/2024	Payee name ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1.98	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
				Č
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	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 com	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 54/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	10/25/2024	ActBlue Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.40	P.O. Box 441146		
		Somerville, MA 02144		
8	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
				Ü
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/25/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	<u>е</u>	
	\$7.90	P.O. Box 441146		
		Somerville, MA 02144		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	10/25/2024	ActBlue Texas		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$3.95	P.O. Box 441146		
		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
				3
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 File	er ID (Ethics Commission Filers)
	Sch: 55/70 Rpt:	Lee, Jennifer A. 000	088259
4	Date	5 Payee name	
	10/26/2024	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	1 ' 1 -	Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Donation Processing	g Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	//1	
	Date	Payee name	
	10/26/2024	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	1 003	Texas. Complete Schedule T.
		Check if Austin, TX, office Donation Processing	
		Donation Flocessin	y ree
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since held
-	Date	Dougo name	
	10/26/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.09	Payee address; City; State; Zip Code P.O. Box 441146	
	φ0.09	F.O. BOX 441140	
		Company illo MAN 004 44	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Toyor Complete Schodule T
	EXPENDITURE	Fees Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. cholder living expense
		Donation Processing	
Т	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services 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: 56/70 Rpt: Lee, Jennifer A. 00088259 4 Date Payee name 10/26/2024 **ActBlue Texas** 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Fees **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 Date Payee name 10/26/2024 **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 Check if travel outside of Texas. Complete Schedule T. Fees **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 Date Payee name 10/26/2024 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 Check if travel outside of Texas. Complete Schedule T. Fees **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)

xpense Event Expense Loan Repayment/Reimbu

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

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: 57/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/26/2024	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
		Donation 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
	10/26/2024	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	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	
	Data	David and a second a second and
	Date 10/26/2024	Payee name ActBlue Texas
		7.000000
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146
	Ψ0.55	1.0. 00. 441140
		Somerville, MA 02144
	DUDDOCE	
	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
	experience to belieff C/OI	•

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 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: 58/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/26/2024	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 1 1000001111g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	10/26/2024	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 Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	5 .	
	Date	Payee name
	10/26/2024	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 alice -	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

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	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 59/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	-
	10/26/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	F.
	\$0.40	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 sough	t Office held
	experientare to benefit Grot	•	
	Date	Payee name	
	10/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.07	P.O. Box 441146	
l		Somerville, MA 02144	
Г	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
l			Donation Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		Conice field
-	Data	David and the second se	
	Date 10/26/2024	Payee name ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	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
			-
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 -

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 60/70 Rpt:	Lee, Jennifer A.		00088259
4	Date	5 Payee name		
	10/26/2024	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.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
	Date	Payee name		
	10/26/2024	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
	Complete ONLY if direct	Candidate/Officeholder name Office so	l Juaht	Office held
	expenditure to benefit C/OI		Jugin	o moo nota
-	Date	Payee name		
	10/26/2024	ActBlue Texas		
			Sl -	
	Amount (\$)	Payee address; City; State; Zip (Joue	
	\$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 ONII V if alias -t	Condidate/Officeholder regree		Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ougnt	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 61/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	
	10/26/2024	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
			Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Date	Davisa sama	
	10/26/2024	Payee name ActBlue Texas	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code P.O. Box 441146	
	Φ0.20	P.O. BOX 441140	
		Carrage illa MA 00144	
		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/O	1	
	Date	Payee name	
	10/26/2024	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.28	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 ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
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

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: 62/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/16/2024	Action Squared
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.25	1310 L St. NW, Ste. 500
		Washington, DC 20005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/16/2024	Action Squared
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.65	1310 L St. NW, Ste. 500
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payes name
	10/03/2024	Payee name Blue Horizon Texas PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 780162
		San Antonio, TX 78278
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Voter Outreach
	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 complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 63/70 Rpt:	Lee, Jennifer A.	00088259
4	Date	5 Payee name	•
	10/16/2024	Blue Victory Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,165.00	P.O. Box 300624	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ntion
	OF		k if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Chec	k if Austin, TX, officeholder living expense
l		Video	shoot and production for ad
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	09/30/2024	Cadence Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	2910 W. Jackson St.	
l			
l		Tupelo, MS 38801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
l	OF EXPENDITURE	1003	k if travel outside of Texas. Complete Schedule T.
l			k if Austin, TX, officeholder living expense Statement Fee
		T apor	Statement 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	10/15/2024	Cadence Bank	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.00	2910 W. Jackson St.	
	,		
l		Tupelo, MS 38801	
_	PURPOSE	· ·	atter.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip Fees	DHOTI sk if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	k if Austin, TX, officeholder living expense
l		Wire F	ee
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI	1	

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

	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: 64/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/17/2024	Cadence Bank
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2910 W. Jackson St.
		Tupelo, MS 38801
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 Wire Fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/24/2024	Cadence Bank
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 2910 W. Jackson St.
		Tupelo, MS 38801
	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 Wire Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Collective Campaigns
	Amount (\$) \$3,172.10	Payee address; City; State; Zip Code 1124 Desert Willow Lp.
		Austin, TX 78748
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General Consulting 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) 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/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: 65/70 Rpt:	Lee, Jennifer A. 00088259	
4	Date	5 Payee name	
	10/02/2024	Connie White	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,186.75	5433 205 Loop Apt. 280	
		Temple, TX 76502	
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	
		Canvassing	
		Canvacong	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
3	expenditure to benefit C/O		
_		Г	_
	Date	Payee name	
	10/02/2024	Ferguson, Wesley	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$285.88	3669 Canyon Heights Rd	
		Belton, TX 76513	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	
	E/4 E/10	Conversing	
		Canvassing	
	0 1 0 0 1 1 1 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	10/15/2024	Ferguson, Wesley	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$144.50	3669 Canyon Heights Rd	
		Belton, TX 76513	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	
		Check if Austin, TX, officeholder living expense	
		Canvassing	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

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

	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: 66/70 Rpt:	Lee, Jennifer A. 00088259				
4	Date	5 Payee name				
	10/15/2024	Fuerza Strategies, LLC.				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3,400.00	3415 Navajo Court				
		Dallas, TX 65224				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Fundraising Consultant				
		Tanarasing constitution				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experientare to benefit 6/6	<u> </u>				
	Date	Payee name				
	10/16/2024	Fuerza Strategies, LLC.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,500.00	3415 Navajo Ct.				
		Dallas, TX 75224				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Fundraising Consulting				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	•				
H	Date	Payee name				
	10/02/2024	Google, LLC.				
L		-				
	Amount (\$)					
	\$61.40	1600 Amphitheatre Pkwy.				
		Mountain View, CA 94043				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Web Domain/Email Hosting				
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	- p					
_						

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 cor	nple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 67/70 Rpt:	Lee, Jennifer A.		00088259	
4	Date	5 Payee name		·	
	10/21/2024	Killeen Daily Herald			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$510.00	P.O. Box 1300			
		Killeen, TX 76540			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	Advertising Expense	` '	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	.		Check if Austin, TX, officeholder living expense	
				Killeen Daily AD Space	
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held	
	'				
	Date	Payee name			
	10/18/2024	Optimal			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$5,000.00	1133 15th St. NW Ste. 800			
		Washington, DC 20005			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Digital Advertising	
				Digital / lavortioning	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held	
	expenditure to benefit C/OI		,		
F	Date	Payee name			
	10/11/2024	Scale to Win			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$1,213.99	13742 Harper Street	uo		
	, -, · · ·				
		Santa Ana, CA 97203			
	PURPOSE		(h)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(1)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense	
				Texting Service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held	
	5.psa.a.s to 55a 5/5/1				

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
pense Printing Expense
Salaries/Waqes/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: 68/70 Rpt:	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	10/04/2024	Southern Combustion Creative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$292.28	1305 Richcreek Rd
		Austin, TX 78757
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Graphic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	10/21/2024	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Web Hosting
		web nosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	Summit Printing, LLC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,671.43	808 E. 101 Terr., Ste. 350
	+ =,0. =0	
		Kansas City, MO 64131
	PURPOSE	·
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Roadsigns
	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 Comm

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

	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: 69/70 Rpt:	Lee, Jennifer A. 00088259			
4	Date	5 Payee name			
	10/15/2024	Texas Democratic Party			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7,400.00	314 E. Highland Mall Blvd. Ste. 508			
		Austin, TX 78752			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
		Donation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/17/2024	Texas Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7,400.00	314 E. Highland Mall Blvd. Ste. 508			
	·				
		Austin, TX 78752			
		To a second seco			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Donation			
		2 Silvatori			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_					
	Date	Payee name			
	09/30/2024	United States Postal Service			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$43.80	401 N. Main St.			
		Temple, TX 76501			
	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.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		P.O. Box Rental			
	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

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			/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 70/70 Rpt:	Lee, Jennifer A.				00088259	
4	Date	Payee name					
	10/16/2024	White, Connie					
6	Amount (\$) \$1,719.04	Payee address; City; State; 5433 205 Loop Apt 280 Temple, TX 76502	Zip Code				
8	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this sched Consulting Expense	(b)	<u> </u>		ide of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Off	ce sought			Office he	eld
	Date	Payee name					
	10/16/2024	Worley Printing Co., Inc.					
	Amount (\$) \$119.08	3217 N. IH-35	Zip Code				
		Austin, TX 78722					
	PURPOSE OF EXPENDITURE	(See Categories listed at the top of this sched Printing Expense	(b)	-	TX	ide of Texas. Com , officeholder living /elopes	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Off	ce sought			Office he	eld
							V