

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088259	2 Total pages filed: 84
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Jennifer A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2025
	NICKNAME LAST Lee	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1916 Temple, TX 76503		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Naquisha L.	MI
	NICKNAME LAST Ramos-Silva	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1708 Saddle Dr. Killeen, TX 76543		
	AREA CODE PHONE NUMBER EXTENSION (254) 291-1804		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
	9 PERIOD COVERED Month Day Year THROUGH Month Day Year 10/27/2024 12/31/2024		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) None Place N/A District N/A Bell		12 OFFICE SOUGHT (if known) State Representative Place N/A District 55

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 84

13 C / OH NAME Lee, Jennifer A. **14 Filer ID** (Ethics Commission Filers)
00088259

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		ACT for Texas Classroom Teachers Association
		COMMITTEE ADDRESS
		PO Box 1489
		Austin, TX 78767
		COMMITTEE CAMPAIGN TREASURER NAME
		Fickle, Ann
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		PO Box 1489
		Austin, TX 78767

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,714.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	39,082.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	523.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00

17 AFFIDAVIT

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

Jennifer A. Lee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 84

18 FILER NAME Lee, Jennifer A.		19 Filer ID (Ethics Commission Filers) 00088259
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,714.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 39,082.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/54 Rpt: 4/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Roberta	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Olympia, WA 98508		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Susanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, ME 04103		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78763		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albers, Harold	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Art, TX 76820-0099		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Caryn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Forrest Hills, NY 11375		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/54 Rpt: 5/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Caryn <hr/> 6 Contributor address; City; State; Zip Code Forrest Hills, NY 11375	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen-Savietta, Cora <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions) Berry Consultants
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsup, Marion <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altemus, Kathleen <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nanny		Employer (See Instructions) Kwisinski Family
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apone, James <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99524	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/54 Rpt: 6/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banister, Gaurdie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consulting		9 Employer (See Instructions) Different Points of View
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxt, Virginia <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Jerry <hr/> Contributor address; City; State; Zip Code Groveport, OH 43125	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Jerry <hr/> Contributor address; City; State; Zip Code Groveport, OH 43125	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/54 Rpt: 7/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Jerry <hr/> 6 Contributor address; City; State; Zip Code Groveport, OH 43125	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Betsy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Self Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Betsy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betke, Sophie <hr/> Contributor address; City; State; Zip Code Montrose, CA 91020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Peter <hr/> Contributor address; City; State; Zip Code Somerville, MA 02143	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/54 Rpt: 8/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blowers, Margaret <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohannon, Kathren <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostic, Carmena <hr/> Contributor address; City; State; Zip Code Miami, FL 33186	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowhay, Anne <hr/> Contributor address; City; State; Zip Code Oak Park, IL 60304	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braverman, Alan <hr/> Contributor address; City; State; Zip Code New York, NY 10018	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Braverman CPA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/54 Rpt: 9/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Susan <hr/> 6 Contributor address; City; State; Zip Code Bonita Springs , FL 34135	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broder, Harriet <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Health Coach		Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bromka, Michael <hr/> Contributor address; City; State; Zip Code Carlsbad, NM 88221	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Lynda <hr/> Contributor address; City; State; Zip Code Corona, CA 92883	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Admagic
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canahuati, Judy <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Advisor		Employer (See Instructions) USAID

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/54 Rpt: 10/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canahuati, Judy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Columbia, MD 21045		
8 Principal occupation / Job title (See Instructions) Technical Advisor		9 Employer (See Instructions) USAID
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardell, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Boulder , CO 80302		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/54 Rpt: 11/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Stephen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77005		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Spicewood, TX 78669		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lynn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Lynn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choiniere, Monique	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Arlington, VA 22205		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) USPTO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/54 Rpt: 12/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Dennis <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corsa, Audrey <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Susan <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Criss & Rousseau Law Firm.L.L.P.
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronsberg, Sandra <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Ballet Teacher		Employer (See Instructions) Self Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crossman, Brook <hr/> Contributor address; City; State; Zip Code Colts Neck, NJ 07722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Environmental Engineer		Employer (See Instructions) MEC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/54 Rpt: 13/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, John	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Encino, CA 91436		
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrouzet, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) uStudio
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davila, Juan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Chet	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laguna Vista, TX 78578		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickinson, Jordan (Rev.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dorset, VT 05251		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/54 Rpt: 14/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Christine <hr/> 6 Contributor address; City; State; Zip Code San Bruno, CA 94066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobberlin, Leslie <hr/> Contributor address; City; State; Zip Code Portland , OR 97211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drucker, Diana <hr/> Contributor address; City; State; Zip Code Ithica, NY 14850	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drucker, Diana <hr/> Contributor address; City; State; Zip Code Ithica, NY 14850	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykstra, Dewey <hr/> Contributor address; City; State; Zip Code Boise, ID 83712	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Physics Professor		Employer (See Instructions) Boise State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/54 Rpt: 15/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Camille	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Hyattsville, DC 20782		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Government
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Camille	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Hyattsville, DC 20782		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Government
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egg, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Salado, TX 76571		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estudillo, Charles	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sonoma, CA 95476		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Judith	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/54 Rpt: 16/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Judith	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70118		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Judith	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fergus, Jim	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tumacacori, AZ 85640		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employer
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fergus, Jim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Tumacacori, AZ 85640		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employer
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Newton, CT 06470		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Google

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/54 Rpt: 17/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	7 Amount of Contribution (\$) \$4.16
6 Contributor address; City; State; Zip Code Austin, TX 78745		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen	Amount of Contribution (\$) \$4.16
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleck, Stephanie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Waban, MA 02468		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Martin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Simi Valley, CA 93065		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Linda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78715		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/54 Rpt: 18/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Linda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78715		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Linda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78715		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Janice	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Newark, NJ 07103		
Principal occupation / Job title (See Instructions) Analysis		Employer (See Instructions) Healthcare Company
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Gina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Belton, TX 76513		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Daniel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Oro Valley, AZ 85755		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/54 Rpt: 19/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Heidi	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78703		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Retired
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giugni, Christine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bronx, NY 10463		
Principal occupation / Job title (See Instructions) Training Manager		Employer (See Instructions) AMA
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Justin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Vice President/Treasurer		Employer (See Instructions) Barilla Management Inc
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey, Justin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78721		
Principal occupation / Job title (See Instructions) Vice President/Treasurer		Employer (See Instructions) Barilla Management Inc
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Laura	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harlingen, TX 78552		
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) South Texas College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/54 Rpt: 20/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Thomas <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Sogeti
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70118	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorton, Nick (Dr.) <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) California Emergency Physicians
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorton, Nick (Dr.) <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) California Emergency Physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/54 Rpt: 21/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graziano, Daniel	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Cambridge, MA 02141		
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Novartis
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg, Linden	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94602		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkeley
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dublin, OK 43016		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) GDT
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Sandra	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Killeen ISD
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grumwald, George	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Benicia, CA 94510		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/54 Rpt: 22/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruskos, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Pittsburg, PA 15208	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadsall, Marvin <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Manager		Employer (See Instructions) McLane
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanes, Jenna <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) City of Austin
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Peter <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/54 Rpt: 23/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harslem, Eric <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Sharon <hr/> Contributor address; City; State; Zip Code Avondale, AZ 85392	Amount of Contribution (\$) \$18.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Sharon <hr/> Contributor address; City; State; Zip Code Avondale, AZ 85392	Amount of Contribution (\$) \$18.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Sharon <hr/> Contributor address; City; State; Zip Code Avondale, AZ 85392	Amount of Contribution (\$) \$18.40
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/54 Rpt: 24/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Charlottesville, VA 22903		
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbig, Margaret A.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10011		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) The Unemployed Philosophers Guild
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildreth, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Jack	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Neptune City, NJ 07753		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/54 Rpt: 25/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78726		
8 Principal occupation / Job title (See Instructions) Yoga Instructor		9 Employer (See Instructions) LASR
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hitchcock, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cape Coral, FL 33904		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Patricia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97217		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Killeen, TX 76549-3756		
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hu, Deqiang	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Canaan, CT 06840		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Allscripts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/54 Rpt: 26/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) I, Cecelia	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Lakewood, CA 90712		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) GGUSD
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jatko, Brent	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Houston, TX 77035		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Robyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Rancho Palos Verdes, TX 90275		
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimeno, Carol	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Blaine , WA 98230		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/54 Rpt: 27/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josimovich, Lois <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02238	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Nonprofit fundraising		9 Employer (See Instructions) MAPS
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josimovich, Lois <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02238	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nonprofit fundraising		Employer (See Instructions) MAPS
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kagan, Jeremy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Filmmaker/ Professor		Employer (See Instructions) OOC/USC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kagan, Jeremy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Filmmaker/ Professor		Employer (See Instructions) OOC/USC
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, David <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Admail West, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/54 Rpt: 28/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolodziejczyk, Belva <hr/> 6 Contributor address; City; State; Zip Code Gatesville, TX 76528	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korth-Juricek, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korth-Juricek, Ashley <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristensen, Kate <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston, Aileen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NYU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/54 Rpt: 29/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Parkersburg, TX 26101		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levi, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Arlington, MA 02476		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Andrea	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Lago Vista, TX 78645-2447		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Sarah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Diego , CA 92104		
Principal occupation / Job title (See Instructions) Benefits Admin		Employer (See Instructions) City of San Diego
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lockhart, TX 78644		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) WalkMe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/54 Rpt: 30/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Cathleen	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Seattle, WA 98125		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linson, Andrea	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hutto, TX 78634		
Principal occupation / Job title (See Instructions) NRS IV		Employer (See Instructions) State of Texas
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipchak, Oscar	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) New Braunfels ISD
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longfield, Amy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Belton, TX 76513		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/54 Rpt: 31/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longley, Susan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Self-Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackenzie, Larami (Dr.) <hr/> Contributor address; City; State; Zip Code Glenside, PA 19038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Micheal <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Century Regional Health Care
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margel, Bernadette <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ann <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/54 Rpt: 32/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Maurice	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Temple, TX 76502		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Mark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Temple, TX 76501		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Mark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Temple, TX 76501		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCall, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Novato, CA 94949		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Johnnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/54 Rpt: 33/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Johnnie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Emily	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20010		
Principal occupation / Job title (See Instructions) Nonprofit consultant		Employer (See Instructions) EGM Consulting
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Barbara	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLarty, Davis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Talent Agent		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/54 Rpt: 34/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, James	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Killeen, TX 76549		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickenberg, Julia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Jr., Mike	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Tucson, AZ 85712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Jr., Mike	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Tucson, AZ 85712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mistretta, Toni-Ann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Angleton, TX 77515		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/54 Rpt: 35/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Lisa Mia <hr/> 6 Contributor address; City; State; Zip Code Los Angels, CA 90046	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Clinical Lab Scientist		9 Employer (See Instructions) Cedars Sinai Medical Center
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, William <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Douglas <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musselman, KT <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Williamson County
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myer, Tansy <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Art Director		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/54 Rpt: 36/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Barbara	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Magnolia, TX 77355		
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Harris County
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lake Oswego, OR 97035		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Apple
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Brian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) NVIDIA Corporation
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novoa, Ben	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Merrillville, IN 46411		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/54 Rpt: 37/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novoa, Ben <hr/> 6 Contributor address; City; State; Zip Code Merrillville, IN 46411	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Indivisible
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Mike <hr/> Contributor address; City; State; Zip Code Lynnwood, WA 98036	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palencia, April <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93110	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Vanguard Planning Group
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, David <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Literary Agent		Employer (See Instructions) SKLA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/54 Rpt: 38/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, David <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11231	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Literary Agent		9 Employer (See Instructions) SKLA
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Jo <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Jose F. (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Donna Medical Center
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Jose F. (Dr.) <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Donna Medical Center
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peppito, Julia <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/54 Rpt: 39/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Hope <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher/Therapist		9 Employer (See Instructions) Self Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Melissa <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96825	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Melissa <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96825	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Melissa <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96825	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SAIC		Employer (See Instructions) En route instructor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/54 Rpt: 40/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pressman, Karen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Boston, MA 02116		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pureka, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cambridge, MA 02139		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Nanthealth, INC.
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/54 Rpt: 41/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76542	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Killeen
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/54 Rpt: 42/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76542	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Killeen
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Timothy <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffaelli, Paulo <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94112	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffaelli, Paulo <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94112	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramey, Jeannie <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Synapse

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/54 Rpt: 43/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasor, Carol <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66047	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda <hr/> Contributor address; City; State; Zip Code Washington , DC 20009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Communications Commission
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda <hr/> Contributor address; City; State; Zip Code Washington , DC 20009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Communications Commission
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Linda <hr/> Contributor address; City; State; Zip Code Washington , DC 20009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Communications Commission
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinken, Janis <hr/> Contributor address; City; State; Zip Code Austin, TX 78755	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/54 Rpt: 44/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Ernest	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Austin, TX 78745		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) ATT
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Raymond	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Hutton, TX 78934		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) LPT Realty
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohan, Alexis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code DeKalb, IL 60115		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romar, George	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bronx, NY 10463		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Mitzi	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/54 Rpt: 45/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Mitzi <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruud, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas-Porras, Ana Luisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/54 Rpt: 46/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Val	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Greenfield, MA 01301		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Sangeeta	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Scarsdale, NY 10583		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) NYC HHC
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheikholeslami, Bahram	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston , TX 77079		
Principal occupation / Job title (See Instructions) not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Anacortes, WA 98221		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) C Sherman AV
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Anacortes, WA 98221		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) C Sherman AV

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/54 Rpt: 47/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shulman, Susan <hr/> 6 Contributor address; City; State; Zip Code Highland Park, IL 60035	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) North Suburban Legal Aid Clinic
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisco, Garry <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) HR Block
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Chuck <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pease Park Conservancy
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/54 Rpt: 48/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Jesse <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Development		Employer (See Instructions) Retro Studios
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stading, Tycha <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starks, Nikki <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/54 Rpt: 49/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starks, Nikki <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staropoli, John <hr/> Contributor address; City; State; Zip Code Boston, MA 02199	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician/Scientist		Employer (See Instructions) Vertex Pharmaceuticals
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staropoli, John <hr/> Contributor address; City; State; Zip Code Boston, MA 02199	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician/Scientist		Employer (See Instructions) Vertex Pharmaceuticals
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Madonna K <hr/> Contributor address; City; State; Zip Code New York, NY 10022	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehlik, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Analysis		Employer (See Instructions) Berkeley Unified

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/54 Rpt: 50/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehlik, Chris	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Berkeley, CA 94703		
8 Principal occupation / Job title (See Instructions) Data Analysis		9 Employer (See Instructions) Berkeley Unified
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Karen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Lina	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bellevue, WA 98005		
Principal occupation / Job title (See Instructions) Councilmember		Employer (See Instructions) City of Bellevue
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bellevue, WA 98005		
Principal occupation / Job title (See Instructions) Councilmember		Employer (See Instructions) City of Bellevue

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/54 Rpt: 51/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, John	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bellevue, WA 98005		
8 Principal occupation / Job title (See Instructions) Councilmember		9 Employer (See Instructions) City of Bellevue
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Ann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Houston Montessori
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy	Amount of Contribution (\$) \$1.06
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Terry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Infrastructure		Employer (See Instructions) IBM
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/54 Rpt: 52/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Robert	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fremont, CA 94539		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tones, Kevin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upshaw, Garth	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Portland, OR 97214		
Principal occupation / Job title (See Instructions) Software Consultant		Employer (See Instructions) Garth's KidStuff
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Mark	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Imperial Beach, CA 91932		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) SWCCD
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Imperial Beach, CA 91932		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) SWCCD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/54 Rpt: 53/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verma, Archana <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98096	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Garrett <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr. Manager		Employer (See Instructions) Disney Streaming
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Guy <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10022	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/54 Rpt: 54/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weight, Sharon <hr/> 6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisshaar, Paul <hr/> Contributor address; City; State; Zip Code Atlanta , GA 30338	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weitzman, Elizabeth <hr/> Contributor address; City; State; Zip Code Madison, CT 06443	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Caley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Conni <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/54 Rpt: 55/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Nancy <hr/> 6 Contributor address; City; State; Zip Code Lakewood, CA 90712	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) GGUSD
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Nancy <hr/> Contributor address; City; State; Zip Code Lakewood, CA 90712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) GGUSD
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams Sr, Johnnie James <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Bus driver		Employer (See Instructions) Killeen ISD
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wing Jr., Feagin <hr/> Contributor address; City; State; Zip Code Lakewood, OH 44107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Self Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Dylan <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Salt Lake City Public Library

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/54 Rpt: 56/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston, Kevin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Temple, TX 76504		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhead III, Pete Herbert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Virginia Beach, VA 23453		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary, Andrew	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Stamford, CT 06905		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) black, Mary	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) black, mary	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/54 Rpt: 57/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) franklin, Carrie <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98006	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 58/84
2 FILER NAME Lee, Jennifer A.		3 Filer ID (Ethics Commission Filers) 00088259
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/26/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennifer	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Temple, TX 76503	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Unemployed		13 Employer (See Instructions) Unemployed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/26 Rpt: 59/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/27/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$56.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name ActBlue Technical Services	
Amount (\$) \$121.15	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name ActBlue Technical Services	
Amount (\$) \$87.38	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/26 Rpt: 60/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/30/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$19.45	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name ActBlue Technical Services	
Amount (\$) \$34.82	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name ActBlue Technical Services	
Amount (\$) \$125.71	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/26 Rpt: 61/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$23.83	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/05/2024	Payee name ActBlue Technical Services	
Amount (\$) \$19.41	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/10/2024	Payee name ActBlue Technical Services	
Amount (\$) \$2.39	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/26 Rpt: 62/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/11/2024	5 Payee name ActBlue Technical Services	
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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/17/2024	Payee name ActBlue Technical Services	
Amount (\$) \$2.07	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/26 Rpt: 63/84	2	FILER NAME Lee, Jennifer A.	3	Filer ID (Ethics Commission Filers) 00088259
4	Date 11/18/2024	5	Payee name ActBlue Technical Services		
6	Amount (\$) \$0.04	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/20/2024		Payee name ActBlue Technical Services		
	Amount (\$) \$0.09		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/24/2024		Payee name ActBlue Technical Services		
	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/26 Rpt: 64/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
---	---	--

4 Date 11/26/2024	5 Payee name ActBlue Technical Services
-----------------------------	---

6 Amount (\$) \$0.26	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/01/2024	Payee name ActBlue Technical Services
--------------------	--

Amount (\$) \$10.28	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/03/2024	Payee name ActBlue Technical Services
--------------------	--

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee.
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/26 Rpt: 65/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/10/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.17	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/11/2024	Payee name ActBlue Technical Services	
Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/15/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/26 Rpt: 66/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/16/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.09	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/22/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.49	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/26/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.26	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/26 Rpt: 67/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/29/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$9.88	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/22/2024	Payee name Action Network	
Amount (\$) \$442.50	Payee address; City; State; Zip Code 1310 L Street NW Suite 500 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name Action Network	
Amount (\$) \$3,101.92	Payee address; City; State; Zip Code 1310 L Street NW Suite 500 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/26 Rpt: 68/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 10/29/2024	5 Payee name All Wrights Services LLC
-----------------------------	---

6 Amount (\$) \$178.40	7 Payee address; City; State; Zip Code 3212 E. Adams Ave. Temple, TX 76501
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign install.
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/07/2024	Payee name Blackshear, Lakeisha
--------------------	------------------------------------

Amount (\$) \$302.47	Payee address; City; State; Zip Code 209 Arrowhead Drive Harker Heights, TX 76548
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing/poll greeting.
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/10/2024	Payee name Blackshear, Lakeisha
--------------------	------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 209 Arrowhead Drive Harker Heights, TX 76548
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing.
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/26 Rpt: 69/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/31/2024	5 Payee name Cadence Bank	
6 Amount (\$) \$2.00	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper statement fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name Cadence Bank	
Amount (\$) \$36.00	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Cadence Bank	
Amount (\$) \$2.00	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper statement fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/26 Rpt: 70/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 12/31/2024	5 Payee name Cadence Bank
-----------------------------	-------------------------------------

6 Amount (\$) \$10.00	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge.
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/31/2024	Payee name Cadence Bank
--------------------	----------------------------

Amount (\$) \$2.00	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) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper statement fee.
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/28/2024	Payee name Collective Campaigns
--------------------	------------------------------------

Amount (\$) \$5,798.00	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) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff wages
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/26 Rpt: 71/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 11/04/2024	5 Payee name Collective Campaigns
-----------------------------	---

6 Amount (\$) \$2,323.06	7 Payee address; City; State; Zip Code 1124 Desert Willow Lp. Austin, TX 78748
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff pay.
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/13/2024	Payee name Collective Campaigns
--------------------	------------------------------------

Amount (\$) \$5,550.98	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultant pay.
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/28/2024	Payee name Ferguson, Wesley
--------------------	--------------------------------

Amount (\$) \$192.65	Payee address; City; State; Zip Code 3669 Canyon Heights Rd Belton, TX 76513
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/26 Rpt: 72/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Payee name Fuerza Strategies, LLC.	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 3415 Navajo Ct. Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Director.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Gardner, D'Amberlyn	
Amount (\$) \$208.77	Payee address; City; State; Zip Code 2102 Hunt Drive Unit D Killeen, TX 76543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Google, LLC.	
Amount (\$) \$61.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital workspace	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email/Digital Storage/Virtual Collaboration for campaign staff.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/26 Rpt: 73/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/02/2024	5 Payee name Google, LLC.	
6 Amount (\$) \$48.61	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email hosting.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Grogan-Gardner, Dorothy	
Amount (\$) \$208.77	Payee address; City; State; Zip Code 2102 Hunt Drive Unit D Killeen, TX 76543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cavassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name H-E-B, L.P. #182	
Amount (\$) \$46.93	Payee address; City; State; Zip Code 3002 S. 31st. St. Temple, TX 76502-1802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Refreshments.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/26 Rpt: 74/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/06/2024	5 Payee name Jeremey, Lee	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 5502 Redpine Drive Killeen, TX 76542	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Killeen Daily Herald	
Amount (\$) \$679.00	Payee address; City; State; Zip Code P.O. Box 1300 Killeen, TX 76540	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital banner.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Lee, Jeremey	
Amount (\$) \$101.25	Payee address; City; State; Zip Code 5502 Redpine Drive Killeen, TX 76542	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/26 Rpt: 75/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/07/2024	5 Payee name Marquez, Omar	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 526 FM 2410 Harker Heights, TX 76548	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for volunteers.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name NGP VAN	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 655 15th St. NW, Ste. 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Database subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field research tool.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2024	Payee name NGP VAN	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 655 15th St. NW, Ste. 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital services.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/26 Rpt: 76/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 11/04/2024	5 Payee name Optimal
-----------------------------	--------------------------------

6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1133 15th St. NW Ste. 800 Washington, DC 20005
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertising.
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/29/2024	Payee name Progressive Change Campaign Committee
--------------------	---

Amount (\$) \$25.00	Payee address; City; State; Zip Code 1629 K Street Suite 300 Washington, DC 20006
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting services
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/01/2024	Payee name QuickTrip Coporation
--------------------	------------------------------------

Amount (\$) \$2.00	Payee address; City; State; Zip Code 4705 South 129th East Ave. Tulsa, OK 74134
-----------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for block walk event.
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/26 Rpt: 77/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/04/2024	5 Payee name Sam's Club No.6336	
6 Amount (\$) \$148.02	7 Payee address; City; State; Zip Code 1414 Marland Wood Rd. Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer refreshments.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Scale to Win	
Amount (\$) \$906.13	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 97203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text campaign/organizing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Scale to Win	
Amount (\$) \$1,355.52	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 97203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text/dialer program.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/26 Rpt: 78/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/07/2024	5 Payee name Scale to Win	
6 Amount (\$) \$2,432.88	7 Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 97203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Field Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto Dialer for phone banking.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Scale to Win	
Amount (\$) \$275.22	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 97203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto dialer for phone banking.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Shiplely Do-Nuts	
Amount (\$) \$34.86	Payee address; City; State; Zip Code 420 E FM 2410 Road Harker Heights, TX 76548	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer breakfast.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/26 Rpt: 79/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/19/2024	5 Payee name Soriano, Trey	
6 Amount (\$) \$628.37	7 Payee address; City; State; Zip Code 702 White Hawk Trail Harker Heights, TX 76548	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing/poll greeting.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2024	Payee name Squarespace, Inc.	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick St. 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Squarespace, Inc.	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 225 Varick St. 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/26 Rpt: 80/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 12/23/2024	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$38.38	7 Payee address; City; State; Zip Code 225 Varick St. 12th Floor New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name TapTap Art Studio	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 103 Mountain Lion Road Harker Heights, TX 76548	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name The Sign Man	
Amount (\$) \$50.00	Payee address; City; State; Zip Code unavailable Temple, TX 76504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll greeting/sign holder.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/26 Rpt: 81/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 11/13/2024	5 Payee name United States Postal Service
-----------------------------	---

6 Amount (\$) \$108.00	7 Payee address; City; State; Zip Code 401 N. Main St. Temple, TX 76501
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/14/2024	Payee name United States Postal Service
--------------------	--

Amount (\$) \$43.80	Payee address; City; State; Zip Code 401 N. Main St. Temple, TX 76501
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps.
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/31/2024	Payee name White, Constance
--------------------	--------------------------------

Amount (\$) \$627.67	Payee address; City; State; Zip Code 5433 205 Loop Apt 280 Temple, TX 76502
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/26 Rpt: 82/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 11/07/2024	5 Payee name White, Constance	
6 Amount (\$) \$1,266.89	7 Payee address; City; State; Zip Code 5433 205 Loop Apt 280 Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cavassing.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Worley Printing Co., Inc.	
Amount (\$) \$805.38	Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Worley Printing Co., Inc.	
Amount (\$) \$309.60	Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/26 Rpt: 83/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
--	---	--

4 Date 12/05/2024	5 Payee name Worley Printing Co., Inc.
-----------------------------	--

6 Amount (\$) \$225.16	7 Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature.
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/28/2024	Payee name Y Strategy LLC
--------------------	------------------------------

Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3110 Manor Road Suite H Austin, TX 78723
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital/Streaming Advertising
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/04/2024	Payee name Y Strategy LLC
--------------------	------------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3110 Manor Road Suite H Austin, TX 78723
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Streaming ads.
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/26 Rpt: 84/84	2 FILER NAME Lee, Jennifer A.	3 Filer ID (Ethics Commission Filers) 00088259
4 Date 10/28/2024	5 Payee name Zapier.com	
6 Amount (\$) \$31.97	7 Payee address; City; State; Zip Code 548 Market Street #62411 San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web application/information system.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held