# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00088259		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jennifer A.		MI	OFFICE U	JSE ONLY
NAME		<b>3</b>			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Lee				
4 CANDIDATE /	ADDRESS / PO BOX; AP	Γ / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	524 Olaf Drive B				Receipt #	Amount
Change of Address	Temple, TX 76504					
🖰					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-1	
TREASURER NAME	Mrs.	Naquisha L.				
	NICKNAME	LAST		SUFFIX		
		Ramos-Silva				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	; STA	TE; ZIP CODE
TREASURER ADDRESS	1708 Saddle Dr.					
(Residence or Business)	Killeen, TX 76543					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(254) 291-1804					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	npaign treasurer
					appointment (offic	eholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD COVERED	Month Day Year		.=	Month Day	Year	
COVERED	01/01/2025	IH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<b> </b>		12 OFFICE SOUGHT		
	None Bell			State Represent	tative District 55	
	1					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Lee, Jennifer A.		<b>14</b> Filer ID 00088259	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made wit officeholders are required to report this inform	hout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAI	ME	
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE	\$ 0.00	
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	<b>\$</b> 1,356.65
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,900.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 386.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN: TING PERIOD	S AS OF THE LAST DAY	\$ 500.00
17 AFFIDAVIT				
			enalty of perjury, that the ac des all information required tode.	
		Signatu	Jennifer A. Lee ure of Candidate or Officeho	ldor.
		Signati	are of Candidate of Officerio	iuei
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of office	2.	
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	3 of 24						
_	ER NAN e, Jenn		<b>19</b> Filer ID 00088259	(Ethics	s Commission Filers)		
	HEDULI ME OF		S	SUBTOTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,356.65		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				1,660.73		
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	240.00		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	133.25		
	•						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/24		
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	ı Filers)	
4			7	Amount of Contribution (\$)	\$10.00			
8	Principal occur	Austin, TX 78759 pation / Job title (See Instructions)	la la	Employer (See Instructions				
0	Not Employe			Not Employed	')			
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2025 Carter, Lynn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Not Employe			Not Employed	,			
Date Full name of contributor out-of-state PAC (ID#:  03/22/2025 Carter, Lynn  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00			
		Austin, TX 78759						
Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed			()					
Date Full name of contributor out-of-state PAC (ID#:			)		Amount of Contribution (\$)	\$10.00		
			Employer (See Instructions Not Employed	()				
	Date Full name of contributor out-of-state PAC (ID#:)  01/10/2025 Fine, Mary Ellen  Contributor address; City; State; Zip Code  Austin, TX 78745			Amount of Contribution (\$)	\$4.16			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	)			
			,					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/24		
2	FILER NAME Lee, Jennife	r A.			3	Filer ID (Ethics Commission 00088259	n Filers)	
4			7	Amount of Contribution (\$)	\$4.16			
_	D: : 1	Austin, TX 78745		<u> </u>				
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions None	)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/11/2025 Korth-Juricek, Ashley  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Austin, TX 78752  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)				
	Investor			Self				
Date Full name of contributor out-of-state PAC (ID#:  02/11/2025 Korth-Juricek, Ashley  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00			
		Austin, TX 78752						
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	)			
02/26/2025 People, Robert (Mr.)					Amount of Contribution (\$)	\$50.00		
Principal occupation / Job title (See Instructions) Employer (S			Employer (See Instructions IQor US Inc.	)				
	Date Full name of contributor out-of-state PAC (ID#:) Petty, Melissa Contributor address; City; State; Zip Code  Honolulu, HI 96825			Amount of Contribution (\$)	\$250.00			
	Principal occupation / Job title (See Instructions)  Not Employed  None  Employer (See Instruction None				)			
			•					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/24		
2	FILER NAME Lee, Jennifer	· A.			3	Filer ID (Ethics Commission 00088259	n Filers)	
4			7	Amount of Contribution (\$)	\$250.00			
8		Honolulu, HI 96825 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)			
	Not Employed  Date  O3/29/2025  Petty, Melissa  Contributor address; City; State; Zip Code  Honolulu, HI 96825			Amount of Contribution (\$)	\$250.00			
	Principal occupation / Job title (See Instructions)  Not Employed  None			<u>I</u> S)				
Date Full name of contributor out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$2.08			
	San Francisco, CA 94112  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			  -  s)				
	Engineer			Cisco Meraki				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00			
Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed			Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  01/03/2025 Rutishauser, Robert  Contributor address; City; State; Zip Code  Austin, TX 78731		•	Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)			
			•					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/24	
2	FILER NAME Lee, Jennife	r A.		3	Filer ID (Ethics Commission 00088259	n Filers)
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Not Employe		Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:)  04/03/2025 Rutishauser, Robert  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
Austin, TX 78731  Principal occupation / Job title (See Instructions)  Employer (See Instructions			)			
	Not Employe	ed	Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  01/26/2025 Ward, M  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.17	
		Pflugerville, TX 78660				
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions Ascension	)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2.08	
Principal occupation / Job title (See Instructions)  Not employed  Employer (See Instructions  Not employed			)			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 8/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	01/05/2025	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation processing fee.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	01/12/2025	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.15	P.O. Box 441146
l		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l	EX. ENDITORE	Check if Austin, TX, officeholder living expense
l		Donation processing fee.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Data	
	Date 01/16/2025	Payee name ActBlue Technical Services
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.09	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation processing fee.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/15 Rpt: 9/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	01/26/2025	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.49	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation processing fee.
		Donation processing ree.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	02/02/2025	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
	Ψ3.00	1.0. 000 441140
		Somerville, MA 02144
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Donation processing fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/09/2025	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation processing fee.
		20.144.011 p. 00000.119 1001
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 10/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	02/16/2025	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.17	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation processing fee.
		Donation processing rec.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/16/2025	ActBlue Technical Services
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.15	P.O. Box 441146
	φ2.13	F.O. Box 441140
L		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation processing fee.
		2 3 1 4 1 1 2 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/23/2025	ActBlue Technical Services
H	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
	70.10	. 10: 23: 1:12:10
		Somerville, MA 02144
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation processing fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/15 Rpt: 11/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	03/02/2025	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.86	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation processing fee.
		Donation processing ree.
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2025	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation processing fee.
		Donation processing ree.
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2025	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation processing fee.
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	
L		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/15 Rpt: 12/24	Lee, Jennifer A.	00088259
4	Date	5 Payee name	·
	03/30/2025	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	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation processing fee.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	04/06/2025	ActBlue Technical Services	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation processing fee.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/25/2025	Payee name ActBlue Technical Services	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation processing fee.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 13/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	01/31/2025	Cadence Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Scrivice Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	02/28/2025	Cadence Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Service Charge
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	03/31/2025	Payee name  Cadence Bank
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Service Charge
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/15 Rpt: 14/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
L	04/30/2025	Cadence Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Scrivice Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/31/2025	Cadence Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Service Charge
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Davida marra
	06/30/2025	Payee name  Cadence Bank
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2910 W. Jackson St.
		Tupelo, MS 38801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Service Charge
		Service Charge
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

l	Credit Card Payment	The Instruction Guide explains how to	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/15 Rpt: 15/24	Lee, Jennifer A.		00088259
4	Date	5 Payee name		<u>'</u>
	01/31/2025	Cadence Bank		
6	Amount (\$)	7 Payee address; City; State; Zip C	Code	
	\$2.00	2910 W. Jackson St.		
		Tupelo, MS 38801		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Paper statement fee
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O		Ü	
F	Date	Payee name		
	02/28/2025	Cadence Bank		
H	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$2.00	2910 W. Jackson St.		
		Tupelo, MS 38801		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Paper statement fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ought	Office held
	expenditure to benefit C/O		J	
F	Date	Payee name		
	03/31/2025	Cadence Bank		
	Amount (\$)	Payee address; City; State; Zip (	Code	
	\$2.00	2910 W. Jackson St.		
		Tupelo, MS 38801		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Paper statement fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/O		9.11	555
$\vdash$				

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete th	nis form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Fil	ler ID	(Ethics Commission Filers)
	Sch: 9/15 Rpt: 16/24	Lee, Jennifer A.		00	0088259	
4	Date	5 Payee name		•		
	04/30/2025	Cadence Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$2.00	2910 W. Jackson St.				
		Tupelo, MS 38801				
8	PURPOSE OF	,		scription		
	EXPENDITURE	Accounting/Banking		Check if travel outside of Check if Austin, TX, office		
				per statement fe		Сиропос
			·			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/02/2025	Google, L.L.C.				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$38.38	1600 Ampitheatre Pkwy.				
		Mountain View, CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)		scription		
	OF EXPENDITURE	Operational costs		Check if travel outside of Check if Austin, TX, office		
				ogle workspace		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/03/2025	Google, L.L.C.				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$38.38	1600 Ampitheatre Pkwy.				
		Mountain View, CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)		scription		
	OF EXPENDITURE	Operational		Check if travel outside of Check if Austin, TX, office		
				ogle workspace	-	•
				5		•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/OI	1				

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	<u> </u>
1	Sch: 10/15 Rpt: 17/24	2 FILER NAME Lee, Jennifer A.  3 Filer ID (Ethics Commission Filers) 00088259
4	Date	5 Payee name
•	03/03/2025	Google, L.L.C.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	1600 Ampitheatre Pkwy.
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Operational Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Google workspace email subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	04/02/2025	Google, L.L.C.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	1600 Ampitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Operational Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Google workspace email subscription
		Google workspace email subscription
_	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$	Date	Davisa nama
	05/02/2025	Payee name
		Google, L.L.C.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	1600 Ampitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Operational Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Google workspace email subscription
_	Operation Objects "	Open Middle (Office Included as a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 18/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	06/02/2025	Google, L.L.C.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	1600 Ampitheatre Pkwy.
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Operational Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Google workspace email subscription
		Coogie Nemopace Chian cases i pach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	02/10/2025	Innovation Black Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.00	205 E. Ave. D
		Killeen, TX 76541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.25	655 15th St. NW, Ste. 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Field Organizing/Data Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		VAN access/subscription.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1		
	Sch: 12/15 Rpt: 19/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	02/06/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.25	655 15th St. NW, Ste. 650
		Washington, DC 20005
		Washington, DC 20005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Field Organizing/Data  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  VAN access/subscription.
		VAN access/subscription.
<u> </u>	0 1. 0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/21/2025	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
	, : : : : :	
		Now York NV 10014
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website
		Website
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	02/21/2025	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
		New York, NY 10014
$\vdash$	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 20/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	03/21/2025	Squarespace, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website
		• • • • • • • • • • • • • • • • • • •
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/21/2025	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/21/2025	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/15 Rpt: 21/24	Lee, Jennifer A. 00088259
4	Date	5 Payee name
	06/21/2025	Squarespace, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	225 Varick St. 12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	03/11/2025	Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	225 Varick St. 12th Floor
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Domain
		25 main
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davis same
	Date 04/03/2025	Payee name Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 12070
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Late file fine.
		Late life lifte.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 15/15 Rpt: 22/24	Lee, Jenn	nifer A.				00088259	
4	Date	5 Payee nam						
	05/16/2025	United Sta	ates Postal Service					
6	Amount (\$)	<b>7</b> Payee add	•	State; Zip Cod	е			
	\$113.00	401 N. Ma	ain St.					
		Temple, T	ΓX 76501					
8	PURPOSE	(a) Category	(See Categories listed at the top of the	nis schedule)	b) Description			
	OF EXPENDITURE	Fees					de of Texas. Com	
					Campaign F		officeholder living	
					Campaign	ОБ	ox remained	··
9	Complete ONLY if direct expenditure to benefit C/O		officeholder name	Office sough	nt		Office he	eld

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088259 Sch: 1/1 Rpt: 23/24 Lee, Jennifer A. \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 04/18/2025 **ActBlue Technical Services 7** Amount (\$) Payee address; City; State; Zip Code \$240.00 P.O. Box 441146 Somerville, MA 02144 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Refund fee. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lee, Jennifer A. 00088259 8 Amount (\$) Date 5 Name of person from whom amount is received 02/18/2025 NGP VAN \$133.25 6 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005 Purpose for which amount is received Check if political contribution returned to filer Refund for VAN subscription fee following closing of account.