CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00088110		2 Total pages filed	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Adrienne		MI	OFFICE US	SE ONLY
IVAIVIC					Date Received ELECTRONICAL	LY FILED
	NICKNAME	LAST Bell		SUFFIX	01/15/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / 3519 E. Walnut #3465	/ SUITE #; CIT	ΓΥ;	ZIP CODE	Date Hand-delivered or D	Pate Postmarked Amount
Change of Address	Pearland, TX 77588				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME		FIRST Adrienne		MI		
		LAST Bell		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 3519 E. Walnut #3465	BOX PLEASE);	AP	T / SUITE #; CITY	; STAT	E; ZIP CODE
(Residence or Business)	Pearland, TX 77588					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (832) 291-2451	E NUMBER	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff Exceeded modified	15th day after camp appointment (officel	holder only)
9 PERIOD			<u> </u>	reporting limit L Month Day		
COVERED	Month Day Year 11/01/2023	TH	HROUGH	12/31/202		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT State Represent	T (if known) tative District 29	
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this i	le without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUREF	RNAME	
		COMMITTEE CAMPAIGN TREASURER	R ADDRESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (OF LOANS)	\$ 6,130.00
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,422.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (RIOD	OF THE LAST DAY OF THE	\$ 2,552.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 1,000.00
17 AFFIDAVIT			der penalty of perjury, that the ac includes all information required on Code.	
			Adrienne Bell	
		Si	gnature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	er administering	Printed name of officer administerin	g Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 31
18 FILER NAI		19 Filer ID	(Ethics	Commission Filers)
Bell, Adri	enne	00088110		
	LE SUBTOTALS SCHEDULE		SU	IBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,130.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	_
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	1,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	3,764.41
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,658.41
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/31	
2	FILER NAME Bell, Adrienn	ne			3	Filer ID (Ethics Commission 00088110	ı Filers)
4	Date 12/09/2023	5 Full name of contributor Anderson, Sue6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$55.00
_		Austin, TX 78759	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 1 (6 1 1 1			
8	Unemployed) 9	Employer (See Instructions Unemployed	s) 		
	Date 12/10/2023	Full name of contributor Baird, Stephanie Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse	Manvel, TX 77578 pation / Job title (See Instructions	;)	Employer (See Instructions home health	<u> </u> s)		
	Date 12/12/2023	Full name of contributor Baker, Oland Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)	-	Amount of Contribution (\$)	\$25.00
	Delin sim al annua	Houston, TX 77067	,	England (Car Instruction			
	Unemployed	pation / Job title (See Instructions)	Employer (See Instructions Unemployed	»)		
	Date 12/14/2023	Full name of contributor Bell, Earnest Contributor address; City; St Cypress, TX 77433				Amount of Contribution (\$)	\$10.00
	Principal occu Unemployed	pation / Job title (See Instructions	;)	Employer (See Instructions Unemployed	<u> </u>		
	Date 12/14/2023	Full name of contributor Belmont, Peter Contributor address; City; St Brooklyn, NY 11201	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	;)	Employer (See Instructions Retired	<u>(</u> 5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/31	
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)
4	11/18/2023	5 Full name of contributor [Bettoney, Catherine6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$250.00
	Dringing Loggy	Clute, TX 77531	I ₀	Employer (See Instructions	·/		
8	Not Employe	pation / Job title (See Instructions) d	9	Not Employed	·)		
	Date 11/28/2023	Full name of contributor [Blue Horizon Texas PAC Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$750.00
	Data disales	San Antonio, TX 78278		Fundament (Constructions	Ĺ		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/13/2023	Full name of contributor Bowlin, Tony Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
		Pearland, TX 77584					
	Principal occup	pation / Job title (See Instructions) t		Employer (See Instructions Rizing LLC	5)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00		
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/10/2023	Full name of contributor Brennan, Kathleen Contributor address; City; Sta Pearland, TX 77584	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/31	
2	FILER NAME Bell, Adrienn	е			3	Filer ID (Ethics Commission 00088110	n Filers)
4	Date 12/15/2023	 Full name of contributor out-of-state Ferdin, Christopher Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Houston, TX 77008 pation / Job title (See Instructions)	l _a	Employer (See Instructions	<u>-, </u>		
0	Engineer	oation 7 Job title (See Instructions)	9	UPS	>)		
	Date 11/12/2023	Full name of contributor out-of-state Feuless, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing aggr	Pearland, TX 77584		Employer (See Instructions	<u>''</u>		
				Not Employed	>)		
)	•	Amount of Contribution (\$)	\$25.00	
		Bothell, WA 98011					
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)		
	Date 11/21/2023	Full name of contributor out-of-state F Freeman, Kathy Contributor address; City; State; Zip Code Pearland, TX 77581)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 12/03/2023	Full name of contributor out-of-state F Friday, Steven Contributor address; City; State; Zip Code Dexter, MI 48103)		Amount of Contribution (\$)	\$25.00
	Principal occu Social Worke	oation / Job title (See Instructions) er		Employer (See Instructions VA	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO)N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/31	
2	FILER NAME Bell, Adrienn	e				3	Filer ID (Ethics Commission 00088110	n Filers)
4	Date 12/01/2023	5 Full name of contributor Gautney, Suzanne6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$15.00
		Lake Jackson, TX 77506						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	9	Employer (See Instructions None	s)		
	Date 12/08/2023	Full name of contributor Gloves Off PAC Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77058 pation / Job title (See Instructions	·)		Employer (See Instructions	=)		
	Fillicipal occu	pation / Job title (See Instructions) -		Employer (See instructions	·)		
	Date 12/12/2023	Full name of contributor Gordon, Heidi Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$50.00
		League City, TX 77573				Ĺ		
	Unemployed	pation / Job title (See Instructions	5)		Employer (See Instructions Unemployed	5)		
	Date 12/09/2023	Full name of contributor Green, Elizabeth Contributor address; City; S Dallas, TX 75229	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$60.00
	Principal occu Unemployed	pation / Job title (See Instructions	s)		Employer (See Instructions Unemployed	s)		
	Date 12/10/2023	Full name of contributor Harry, Linda Contributor address; City; Si Pearland, TX 77584	out-of-state PAC (ID#:_)	-	Amount of Contribution (\$)	\$100.00
	Principal occu Unemployed	pation / Job title (See Instructions	s)		Employer (See Instructions Unemployed	5)		
					<u>-</u>			

Bell, Adrienne 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of Contribution (\$) 11/12/2023 Hawkins, Alice \$25.0	IVIOIVE	TARY POLITICAL CONTRIBUT	ION5		SCHEDUL	E A1
Bell, Adrienne 00088110 3 4 3 5 Full name of contributor	The Inst	ruction Guide explains how to complete thi	s form.			
Hawkins, Alice \$25.0 Amount of Contribution (S) Employer (See Instructions) See Instructions See In						n Filers)
Principal occupation / Job title (See Instructions) Not Employed Pull name of contributor out-of-state PAC (ID#) Amount of Contribution (\$)		Hawkins, Alice	D#:)	7	Amount of Contribution (\$)	\$25.00
Not Employed Date		Corpus Christi, TX 78411				
11/13/2023 Hebley, Sandi \$10.0				ns)		
Principal occupation / Job title (See Instructions) RN Employer (See Instructions) Faith Presbyterian Hospital		Hebley, Sandi			Amount of Contribution (\$)	\$10.00
Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 11/12/2023 Hinton, John Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 12/16/2023 Jackson, Corlie Contributor address; City; State; Zip Code Galveston, TX 77551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$25.0 \$25.0 Employer (See Instructions) Employer (See Instructions) Second Employed Amount of Contribution (\$) \$25.0 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)						
12/14/2023						
Principal occupation / Job title (See Instructions) Retired Date 11/12/2023 Hinton, John Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Not Employed Participal occupation / Job title (See Instructions) Not Employed Amount of Contribution (\$) Employer (See Instructions) Not Employed Amount of Contribution (\$) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$25.0 Galveston, TX 77551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)		Hinson, Elma	D#:)		Amount of Contribution (\$)	\$250.00
Retired Date Full name of contributor out-of-state PAC (ID#:		Denton, TX 78207				
11/12/2023 Hinton, John Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Not Employed Date 12/16/2023 Jackson, Corlie Contributor address; City; State; Zip Code Galveston, TX 77551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$25.0		ccupation / Job title (See Instructions)		ns)		
Principal occupation / Job title (See Instructions) Not Employed Date 12/16/2023 Date Contributor address; City; State; Zip Code Galveston, TX 77551 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$25.0 \$25.0 Employer (See Instructions) Employer (See Instructions)		Hinton, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
12/16/2023 Jackson, Corlie \$25.0 Contributor address; City; State; Zip Code Galveston, TX 77551 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•	ccupation / Job title (See Instructions)		ns)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Jackson, Corlie Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
Linompious	•	ccupation / Job title (See Instructions)		ns)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/31	
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	on Filers)
4	Date 12/14/2023	5 Full name of contributor Jerolleman, Lois6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8		Alvin, TX 77511 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 12/28/2023	Full name of contributor Johnson, Albert Contributor address; City; Sta		Unemployed	•	Amount of Contribution (\$)	\$250.00
	Principal occup	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions Farmer Insurance	<u> </u> s)		
	Date 12/10/2023	Full name of contributor Johnson, Tami Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$25.00
		Manvel, TX 77578 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	12/10/2023 Jones, Fatiyauh)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	Rosharon, TX 77583 pation / Job title (See Instructions) pecialist		Employer (See Instructions	<u> </u> S)		
	Date 11/15/2023	Full name of contributor Jones, Jimmy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occup Consultant	pation / Job title (See Instructions)		Employer (See Instructions DarJon Enterprises LLC			
			,				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/31	
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	ı Filers)
4	Date 11/18/2023	Lamping, Joseph	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
		Green Township, OH 45247	,				
8	Principal occup	pation / Job title (See Instructions) ate	9	Employer (See Instructions Walt Disney World	5)		
	Date 11/24/2023	Full name of contributor out-of- Lawrence, Ashleigh Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$10.00
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Clerk			Kroger			
	Date 11/14/2023	Full name of contributor out-of- Lawrence, Ashleigh Contributor address; City; State; Zip C	-state PAC (ID#: ode)		Amount of Contribution (\$)	\$5.00
		Lake Jackson, TX 77566					
	Principal occu Clerk	pation / Job title (See Instructions)		Employer (See Instructions Kroger	<u> </u> 5)		
	Date 12/10/2023	Lawrence, Ashleigh	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Clerk	pation / Job title (See Instructions)		Employer (See Instructions Kroger	<u> </u> 5)		
	Date 12/14/2023	Full name of contributor out-of- Markowitz, Eliz Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions UH	5)		
			ı				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/31	
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)
4	Date 11/17/2023	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$29.00
_		Rosharon, TX 77583	1-				
8	Principal occu Caregiver	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 12/10/2023	Full name of contributor out-of-state McGarrahan, Andy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Dringing! aggs	Dallas, TX 75248		Employer (Cool potructions	<u></u>		
			Employer (See Instructions Self	o)			
	Date 12/17/2023	Full name of contributor out-of-state McPhail, Elizabeth Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Spring Branch, TX 78070					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Comal ISD	s)		
Date 12/14/2023		Contributor address; City; State; Zip Code	-)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Accountant	Bellaire, TX 77401 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 11/12/2023	Full name of contributor out-of-state Morgan, Monica Contributor address; City; State; Zip Code Pearland, TX 77584	PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Rodriguez and Morgan		v Offices	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/31	
2	FILER NAME Bell, Adrienn	ne			3 Filer ID (Ethics Commission 00088110	Filers)
4	Date 12/12/2023	5 Full name of contributor Morgan, Monica6 Contributor address; City; Si	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$25.00
_		Pearland, TX 77584	,			
8	Attorney	pation / Job title (See Instructions		9 Employer (See Instructions Rodriguez and Morgan	Law Offices, PLLC	
	Date 12/10/2023	Full name of contributor Morgan, Monica Contributor address; City; Si	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$30.00
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>	
			Rodriguez and Morgan			
	Date 11/13/2023	Full name of contributor Morrow, Janice Contributor address; City; Si	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
		Pearland, TX 77584				
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)	Employer (See Instructions Not Employed	s)	
	Date 12/06/2023	Full name of contributor Novack, Cheryl Contributor address; City; Si Houston, TX 77077	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Unemployed	pation / Job title (See Instructions	s)	Employer (See Instructions Unemployed	s)	
	Date 12/23/2023	Full name of contributor Nowlin, Jan Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Unemployed	pation / Job title (See Instructions	s)	Employer (See Instructions Unemployed	s)	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/31					
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 12/31/2023 Overton, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00				
		Austin, TX 78723							
8	Principal occu Partner	pation / Job title (See Instructions)	9	Employer (See Instructions Opus Five Innovation De		artment			
	Date Full name of contributor out-of-state PAC (ID#:) 11/12/2023 Pan, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00				
	Oakton, WA 22124 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> ;)				
	Nursing Assistant Brightstar		Brightstar						
Date Full name of contributor out-of-state PAC (ID#: 12/29/2023 Pan, Michael Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00				
		Oakton, VA 22124							
	Principal occu Nursing Assi	pation / Job title (See Instructions) stant		Employer (See Instructions The VA	5)				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00				
	Principal occu Software Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions	<u>I</u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) 12/28/2023 Pinkel, Daniel Contributor address; City; State; Zip Code New York, NY 10025			Amount of Contribution (\$)	\$100.00				
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)				
			•						

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE			
	The Instru	ction Guide explains hov	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/31			
2	FILER NAME Bell, Adrienr	ne				3	Filer ID (Ethics Commissio 00088110	n Filers)		
4	Date 11/12/2023			7	Amount of Contribution (\$)	\$25.00				
		Richardson, TX 75082		_						
8		pation / Job title (See Instructions Technologist	s)	9	Employer (See Instructions self	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Provencher, Denise Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00					
_	Plano, TX 75023 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u> </u> s)							
	Engineer Fujitsu									
	Date 12/17/2023)		Amount of Contribution (\$)	\$100.00			
		Galveston, TX 77550								
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions UTMB	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00				
	Principal occu Physician	pation / Job title (See Instructions	;)		Employer (See Instructions UTMB	5)				
	Date 12/26/2023				Amount of Contribution (\$)	\$100.00				
	Principal occu Public Relati	pation / Job title (See Instructions ons	s)		Employer (See Instructions Adisa Communications	<u>s)</u>				
				<u> </u>						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this 1	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/31				
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	Filers)	
4	Date 11/13/2023 5 Full name of contributor out-of-state PAC (ID#:) Salinas, Mark 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
_	Deinsinal	Texas City, TX 77568	10	Faralessa (Octobrationalism				
8	Law Enforce	pation / Job title (See Instructions) ment	9	Employer (See Instructions Harris County	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2023 Sharp, Glenn Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$60.00			
	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)	1	Employer (See Instructions	s)			
		Unemployed	-,					
Date Full name of contributor out-of-state PAC (ID# 12/12/2023 Soble, Mitchel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00		
		New York City, NY 10025						
	Principal occu Unemployed	pation / Job title (See Instructions)		Employer (See Instructions Unemployed	5)			
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00			
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Katy ISD	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Tobin, Matthew Contributor address; City; State; Zip Code Pearland, TX 77584			Amount of Contribution (\$)	\$50.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	5)			
			•					

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete t	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/31			
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)
4			7	Amount of Contribution (\$)	\$50.00		
8	Principal occur	Pearland, TX 77584 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
	Not Employe			None	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Tolman, Davis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Dringinal occur	Missouri City, TX 77459		Employer (See Instructions	·/-		
	Principal occupation / Job title (See Instructions) Unemployed Employer (See Instruction Unemployed			·)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2023 Treece, Deborah Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$100.00	
		Dripping Springs, TX 78620	_				
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
Date Full name of contributor out-of-state PAC (ID#:) 11/12/2023 Truitt, Anthony Contributor address; City; State; Zip Code Pearland, TX 77584)		Amount of Contribution (\$)	\$50.00		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions State Farm	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/30/2023 Wincher, Jean (CEO) Contributor address; City; State; Zip Code Friendswood, TX 77546		•	Amount of Contribution (\$)	\$250.00		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			•				

			SCHEDULE E			
The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/1						
			(Ethics Commission Filers)			
ITEMIZED LOANS			\$			
7 Name of lender out-of-state Bell, Adrienne	PAC (ID#:		9 Loan Amount (\$) \$1,000.00			
8 Lender address; City; State;	Zip Code		10 Interest Rate			
Pearland, TX 77588			11 Maturity Date			
on / Job title (See Instructions)	13 Employer (See Instructions TCISD	5)				
ateral	15 Check if personal funds we X	ere deposited	d into political account (See Instructions)			
17 Name of guarantor	•		19 Amount Guaranteed (\$)			
18 Guarantor address; City; State;	Zip Code					
on	21 Employer (See Instructions	5)				
	TITEMIZED LOANS 7 Name of lender	TEMIZED LOANS 7 Name of lender	TEMIZED LOANS 7 Name of lender			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 18/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	11/12/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.72	366 Summer Street
		Somerville, ME 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fees
		Scrvice rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	11/19/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.86	366 Summer Street
		Somerville, ME 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 Service Fees
		Scrvice rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D .	
	Date	Payee name
	11/26/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	366 Summer Street
		Somerville, ME 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 Service Fees
		Service rees
_	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		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense I	•	ense ges/Contract Labor	Travel in Distric Travel Out of E OTHER (enter	
1	Total pages Schedule F1: Sch: 2/10 Rpt: 19/31	2 FILER NAI Bell, Adrie					3 Filer ID 00088110	(Ethics Commission Filers)
4	Date						1 33333110	
•	12/03/2023	5 Payee nan ActBlue	IIC					
6	Amount (\$)	7 Payee add	lress; City;	State;	Zip Code	9		
	\$11.47	366 Sumi	mer Street					
		Somervill	e, ME 02144					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	lule) (I	Description		
	OF EXPENDITURE	Fees				=	outside of Texas. Co	
						Service Fees		ід олренас
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Off	fice sough	nt	Office h	neld
	Date	Payee nan	ne					
	12/10/2023	ActBlue						
	Amount (\$)	Payee add	lress; City;	State;	Zip Code	9		
	\$18.92	366 Sumi	mer Street					
		Somervill	e, ME 02144					
	PURPOSE OF		(See Categories listed at the	top of this sched	lule) (i	Description		
	EXPENDITURE	Fees				=	outside of Texas. Co n, TX, officeholder livir	
						Service Fees		
L								
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Off	fice sough	nt	Office h	neld
	Date	Payee nan	ne					
	12/17/2023	ActBlue						
	Amount (\$)	Payee add		State;	Zip Code	9		
	\$29.09	366 Sumi	mer Street					
		Somervill	e, ME 02144					
	PURPOSE	(a) Category	(See Categories listed at the	e top of this sched	lule) (I	Description		
	OF EXPENDITURE	Fees					outside of Texas. Con n, TX, officeholder livin	
						Service Fees		ig expense
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Off	fice sough	nt	Office h	neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 20/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	12/24/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.88	366 Summer Street
		Somerville, ME 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fees
		36111061 663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	12/31/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.55	366 Summer Street
		Somerville, ME 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
		Service Fees
		36111061 663
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	11/13/2023	Brazoria County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	11800 Magnolia Parkway
		Suite 210
		Manvel, TX 77578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Filing fee to get on the ballot
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/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: 4/10 Rpt: 21/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	12/12/2023	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.42	11642 Magnolia Parkway
		Manvel, TX 77578
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refreshments for campaign kickoff
		To los illiones for our pargriculous
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	H
\vdash	Date	Payeo namo
	11/30/2023	Payee name Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P. O. Box 1315
		Houston, TX 77251
	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
		Bank Fees - November
	Operation ONLY if allowed	On didn't Office helds
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.31	2710 Pearland Parkway
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Refreshments for campaign kickoff
	Commission ONE V. C. F.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide e	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above	·)
1	Total pages Schedule F1:	2 FILER NAM	 F				3	Filer ID	(Ethics Commission	Filers)
_	Sch: 5/10 Rpt: 22/31	Bell, Adrier						00088110		,
4	Date	5 Payee name)							
	11/30/2023	Harland Cl	arke							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$37.50	15955 La 0	Cantera Parkway							
		San Antoni	o, TX 78256							
8	PURPOSE OF	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Printing Ex	pense			_		de of Texas. Comp		
						Printing of ba		officeholder living	expense	
						1 mining of ba		CHCCKS		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/OI		noonolaar name	011100 000	ag.ii			Omice ne		
	Date	Payee name)							
	12/04/2023	Meta								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$25.00	1 Hacker V	Vay							
		Menlo Parl	c, CA 94025							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Comp		
						Facebook Ad		officeholder living	expense	
						racebook Au	3			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/OI		necholael name	Office 30t	agrit			Office fic	iiu	
_	Date	Davis a name								
		Payee name	;							
	12/21/2023	Meta								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$5.75	1 Hacker V	Vay							
		Menlo Parl	k, CA 94025							
	PURPOSE OF	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					de of Texas. Comp		
						FB Ads	, I.A.	officeholder living	expense	
						. D / NO				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	laht			Office he	-ld	
	expenditure to benefit C/OI		noonolaer name	Cilico 300	agi it			Since ne		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 6/10 Rpt: 23/31	Bell, Adrienne 00088110	
4	Date	5 Payee name	
	12/21/2023	Meta	
6	Amount (\$) \$23.65	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Facebook Ads	
		Facebook Aus	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/22/2023	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.00	1 Hacker Way	
		Menlo Park, CA 94025	
	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	
		Facebook Ads	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
-	Date	Payee name	_
	11/24/2023	Meta	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.00	1 Hacker Way	
		Menlo Park, CA 94025	
	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	
		Facebook Ads	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 7/10 Rpt: 24/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	11/24/2023	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Facebook Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/27/2023	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	1 Hacker Way
	Ψ1.00	Thunker way
		Marila Darila OA 04005
		Menlo Park, CA 94025
	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 Facebook Ads
		Pacebook Aus
_	Complete ONLY if direct	Condidate/Officeholder some Office outsite Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	11/28/2023	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1 Hacker Way
		Menlo Park, TX 94025
	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
		Facebook Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
l		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 25/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	11/29/2023	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	1 Hacker Way
		Menlo Park, CA 94025
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 Facebook Ads
		1 decision/ids
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/15/2023	Precision Graphix Group
H	Amount (\$)	Payee address; City; State; Zip Code
	\$585.00	8325 Broadway, Suite 202
		Pearland, TX 77581
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing of campaign signs
		The state of the s
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/18/2023	Precision Graphix Group
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	8325 Broadway, Suite 202
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of campaign signs
		Finding of Campaign signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Expense Trav
Expense Trav
Wages/Contract Labor OTH

	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: 9/10 Rpt: 26/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	12/28/2023	Precision Graphix Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$205.00	8325 Broadway, Suite 202
		Pearland, TX 77581
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign materials
		Gampaigh materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	11/16/2023	Precision Graphix Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	8325 Broadway, Suite 202
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign printing materials
		campaign printing materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	11/21/2023	Precision Graphix Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	8325 Broadway, Suite 202
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		campaign printing material
	Operation Of the Control of the Cont	Open Highest (Office health an arms)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 Guid	de explains how to co	omple	ete this form.		
1	Total pages Schedule F1:	2 FIL	ER NAME			3 File	r ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 27/31	Ве	II, Adrienne			000	088110	
4	Date	5 Pa	yee name			•		
	11/27/2023	Pre	ecision Graphix Group					
6	Amount (\$)	7 Pa	yee address; City;	State; Zip Co	ode			
	\$625.00	83	25 Broadway, Suite 202					
		Pe	arland, TX 77581					
8	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE		nting Expense			Check if travel outside of		
						Check if Austin, TX, office campaign printing m		expense
						campaign pinning n		
9	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	l ught		Office he	eld
	expenditure to benefit C/OI	1			J			
	Date	Pa	yee name					
	12/05/2023		ale to Win					
	Amount (\$)	Pa	yee address; City;	State; Zip Co	ode			
	\$377.90		742 Harper St.	•				
			·					
		Sa	nta Ana, CA 92703					
	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	So	licitation/Fundraising Expe	ense		Check if travel outside of		
						Check if Austin, TX, office Text campaign to vo		expense
						Text dampaign to ve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	<u>l</u> ught		Office he	eld
	expenditure to benefit C/OI	4			J			
	Date	Pa	yee name					
	12/11/2023		xas Democratic Party					
	Amount (\$)	Pa	yee address; City;	State; Zip Co	ode			
	\$325.00		O. Box 15707					
		Au	stin, TX 78761					
	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fe	es			Check if travel outside of		
						Check if Austin, TX, office Van Access Fee	eholder living	expense
						Van Access i ee		
\vdash	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	<u>l</u> Jaht		Office he	eld
	expenditure to benefit C/OI			S55 300	9.10		350 110	·· ·
l								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica						Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G: Sch: 1/4 Rpt: 28/31	2 FILER NAME Bell, Adrier				1	Filer ID 0008811	(Ethics Commissi 0	on Filers)	
4	Date	5 Payee name								
•	11/29/2023	Action Netv								
6	Amount (\$)	7 Payee addre	ss; City; State;	; Zip Co	ode					
	\$29.00	1900 L Stre	eet NW #900							
	Reimbursement from political contributions intended	Washingtor	n , DC 20036							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel o	utside of Texas. Comple	ete Schedule T.	
	OF EXPENDITURE	Solicitation	Fundraising Expense			Che	eck if Austin,	TX, officeholder living ex	pense	
	EXPENDITORE				Email program					
Δ.	Complete ONLY if direct	Candidate/Office	holder name		Office cought			Office hold		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	noider name		Office sought			Office held		
	Date	Payee name								
	12/29/2023	Action Netv	vork							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$94.00	1900 L Street NW #900								
	Reimbursement from									
	x political contributions intended	Washingtor	n , DC 20036							
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	utside of Texas. Comple	ete Schedule T.	
	OF EXPENDITURE	1	Fundraising Expense	,		Che	eck if Austin,	TX, officeholder living ex	pense	
	EXPENDITURE				Email program					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held		
	0/011									
	Date	Payee name								
	11/09/2023	Go Daddy								
	Amount (\$)	Payee addre	ss; City; State;	; Zip Co	ode					
	\$127.79	2155 E. Go	Daddy Way							
	Reimbursement from political contributions intended	Tempe, AZ	85284							
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	utside of Texas. Comple	ete Schedule T.	
	OF EXPENDITURE	Fees			[Che	eck if Austin,	TX, officeholder living ex	pense	
	-				Website					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought			Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
-	Sch: 2/4 Rpt: 29/31	-	Bell, Adrienne				00088110
4	Date	5	Payee name				
	12/01/2023		Google				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$15.29		1600 Amphitheatre Pkwy				
	Reimbursement from political contributions intended		Mountain View, CA 94043				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees			С	heck if Austin, TX, officeholder living expense
					Google workspace	е	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/01/2023		Google				
	Amount (\$)	H	Payee address; City; State;	Zip Co	de		
	\$12.33		1600 AMPHITHEATRE Pkwy				
	Reimbursement from political contributions intended		Mountain View, CA 94043				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Email subscription		Email subscriptio	_	heck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/15/2023		Precision Graphix Group				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$600.00		8325 Broadway, #202				
	Reimbursement from political contributions intended		Pearland, TX 77581				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Expense			С	heck if Austin, TX, officeholder living expense
					Printing of road s	ign	S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			/Wages/Contract Labor		OTHER (enter a category not listed above)					
	oreal oald rayment		The Instruction Guide explains how to	complete this form.							
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission File	ers)				
	Sch: 3/4 Rpt: 30/31		Bell, Adrienne			00088110					
4	Date	5	Payee name								
	11/13/2023		Precision Graphix Group								
6	Amount (\$)	7	Payee address; City; State; Zip C	Code							
	\$170.00		8325 Broadway #202								
	Reimbursement from		•								
	X political contributions intended		Pearland, TX 77581								
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	7 c	Check if travel outside of Texas. Complete Sche	dule T				
٠	OF	اس	Printing Expense	(b) Description	=	Check if Austin, TX, officeholder living expense	adio 11				
	EXPENDITURE		Tilling Expense	campaign printed	campaign printed material						
				campaign pinites							
9	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought		Office held					
	expenditure to benefit			3							
	C/OH										
	Date		Payee name								
	11/02/2023		Precision Graphix Group								
	Amount (\$)		Payee address; City; State; Zip C	Code							
	\$105.00		8325 Broadway, Suite 202								
	Reimbursement from		#41								
	X political contributions intended		Pearland, TX 77581								
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	7 c	Check if travel outside of Texas. Complete Sche	dule T.				
	OF		Printing Expense		jc	Check if Austin, TX, officeholder living expense					
EXPENDITURE			•	Business Cards							
		Ca	ndidate/Officeholder name	Office sought		Office held					
	expenditure to benefit C/OH										
		_									
	Date		Payee name								
	11/08/2023		Precision Graphix Group								
	Amount (\$)		Payee address; City; State; Zip C	Code							
	\$180.00		8325 Broadway, Suite 202								
	Reimbursement from political contributions		#41								
	X political contributions intended		Pearland, TX 77581								
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	С	Check if travel outside of Texas. Complete Scher	dule T.				
	OF EXPENDITURE		Printing Expense		С	Check if Austin, TX, officeholder living expense					
		ımı	paign supplies								
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought		Office held					
	C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 31/31 Bell, Adrienne 00088110 Date Payee name 11/07/2023 **Texas Democratic Party** 6 Amount (\$) Payee address; City; State; Zip Code \$325.00 P. O. Box 15707 Reimbursement from political contributions intended Х Austin, TX 78761 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Voter file access Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH