# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complete t	his form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages fi	
			0008794	4		L8
3 CANDIDATE NAME	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	Mrs.	Deborah L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Bell				
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #: C	CITY: STATE:	ZIP CODE	Date Hand-delivered of	or Date Postmarked
ADDRESS	5920 Forest Blvd.	, -	, - ,		Receipt #	Amount
Change of Address	Brownsville, TX 78526				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mrs.	Stacy A.				
	NICKNAME	LAST			SUFFIX	
	MORIVAINE	Bielstein			301117	
6 CAMPAIGN	STREET ADDRESS (NO PO	DOV DI EACE	ADT / CUIT	E#; CITY;	STATE;	ZIP CODE
TREASURER	1405 Boca Chica Blvd.	BOX PLEASE)	), APT/30111	E#, CITT,	STATE,	ZIP CODE
ADDRESS	Apt. 128					
(Residence or Business)	Brownsville, TX 78520					
	·					
7 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTENSION	
TREASURER PHONE	(956) 346-6944					
8 REPORT TYPE	lanuary 15		v hoforo convon	tion / clastica	Dunoff	
	January 15	30til da	y before conven	mon / election	Runoff	
	July 15	X 8th day	before conventi	on / election	Final report (	Attach SC C/OH-FR)
<b>a</b> PEDIOD	Month Day M				NA 41-	Davi V
9 PERIOD COVERED	Month Day Yo 01/26/2024	ear	THRO	NICH		Day Year 24/2024
	01/20/2024		111110	70011	02/2	14/2024
10 CONVENTION /	Month Day Yo	ear	11	LOFFICE	☐ STATE CHA	IR
ELECTION DATE	03/05/2024			SOUGHT	X COUNTY CH	HAIR
12 POLITICAL	Danubliaan			COLINITY (If A see		
<b>12</b> POLITICAL PARTY	Republican			COUNTY (If Appli Cameron	cable)	
				Gameron		
		GO	TO PAGE 2			
I						

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

# FORM SC C/OH COVER SHEET PG 2

2 of 18

13 CANDIDATE NAME Bell, Deborah L. (Mrs.)  14 Filer ID (Ethics 00087944					mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowledge or conse	al committees to support the candida ent. Candidates are required to repo		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
16 CONTRIBUTION TOTALS			IONS (OTHER THAN PLEDGES, L UTIONS MADE ELECTRONICALLY		0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$	7,670.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITU	RES	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	6,816.29
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NINED AS OF THE LAST DAY OF T	THE \$	2,255.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		ANDING LOANS AS OF THE LAST	DAY \$	0.00
17 AFFADAVIT					
		true and co	affirm, under penalty of perjury, that orrect and includes all information re 15, Election Code.		
			Mrs. Deborah L. E	Bell	
			Signature of Candid	late	
AFFIX NO	ΓARY STAMP / SEAL AΒ	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand a	nd seal of office.		
Signature of eff	ov odministorius, satt	Dripted person of efficiency	desiriate vine outh	of officer administration	oring oath
Signature of offic	er administering oath	Printed name of officer a	amınıstering oath Title o	of officer administe	ering oath

### **SUBTOTALS - SC C/OH**

# FORM SC C/OH COVER SHEET PG 3

					3 of 18	
	18 CANDIDATE NAME Bell, Deborah L. (Mrs.)  19 Filer ID (Ethics Commission Filers) 00087944					
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,970.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	700.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	6,789.32	
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		\$	26.97	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/18	
2	FILER NAME Bell, Debora	n L. (Mrs.)		3	Filer ID (Ethics Commission 00087944	n Filers)
4	Date 02/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Corpus Christi, TX 78418	Employer (See Instructions	·/_		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: Coleman, Gerald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Brownsville, TX 78521				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: Daughters, Thomas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Bayview, TX 78586				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#: Elbert, Bonnie  Contributor address; City; State; Zip Code  Brownsville, TX 78521			Amount of Contribution (\$)	\$200.00
			Employer (See Instructions	<u>(</u>		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: Elbert, Micah  Contributor address; City; State; Zip Code  Beaumont, TX 77706			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/5 Rpt: 5/18	
2	FILER NAME Bell, Debora	n L. (Mrs.)		3	Filer ID (Ethics Commission 00087944	n Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_		New Braunfels , TX 78130				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Elbert, Wyatt  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78238				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#:_ Esquivel, Norman & Norma Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
		Brownsville, TX 78578				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date O2/18/2024 Full name of contributor out-of-state PAC (ID#:  Esquivel Jr., Norman  Contributor address; City; State; Zip Code  Brownsville, TX 78578				Amount of Contribution (\$)	\$95.00
			Employer (See Instructions	<u> </u>		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_Faulk, John  Contributor address; City; State; Zip Code  Olmito, TX 78575			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/18	
2	FILER NAME Bell, Debora	n L. (Mrs.)		3	Filer ID (Ethics Commission 00087944	n Filers)
4	Date 01/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00
_		Brownsville, TX 78523	1	<u> </u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hinojosa, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Corpus Christi, TX 78414	Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	»)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Howell, Jayne  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Denton, TX 76205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:  01/26/2024 Hudson, William  Contributor address; City; State; Zip Code  Brownsville, TX 78521				Amount of Contribution (\$)	\$1,000.00
			Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Hughston, Christopher  Contributor address; City; State; Zip Code  Brownsville, TX 78526			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/18	
2	FILER NAME Bell, Debora	h L. (Mrs.)		3	Filer ID (Ethics Commission 00087944	on Filers)
4	Date 02/17/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston , TX 77030 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Pilicipai occu	pation / Job title (See Instructions)	employer (See Instructions	)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:) Murphy, Stephen  Contributor address; City; State; Zip Code  South Padre Island, TX 78597			Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions			)			
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Seales, Rebecca Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
Port Isabel, TX 78578  Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions			
	T IIIIcipai occu	pation / 300 title (See Instructions)	Employer (See manuchons	,		
	Date 02/18/2024	Full name of contributor	)		Amount of Contribution (\$)	\$150.00
Brownsville, TX 78526  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Tipton, Jim Contributor address; City; State; Zip Code  Rancho Viejo , TX 78575	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/18
2	FILER NAME Bell, Debora	h L. (Mrs.)		1	Filer ID (Ethics Commission Filers) 00087944
4	Date 02/18/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$) \$250.00
	Dringing ogg	Los Fresnos, TX 78566 pation / Job title (See Instructions)	9 Employer (See Instructions		
°	Principal occi	pation 7 Job title (See Instructions)	e Employer (See Instructions	5)	
	Date Full name of contributor out-of-state PAC (ID#:)  02/07/2024 VanGheluwe, Denny and Donna  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$) \$1,000.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bell, Deborah L. (Mrs.) 00087944 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/18/2024 Ruvalcaba, Susan \$700.00 Donation for catering for 7 Contributor address; City; State; Zip Code meet and greet event Brownsville, TX 78526 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/8 Rpt: 10/18	Bell, Deborah L. (Mrs.) 00087944	
4	Date	5 Payee name	
	02/21/2024	Art and Copy Partners LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,659.51	3245 Peachtree	
		Suite D	
		Suwanee, GA 30024	
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	
		Mailers	
		Wallets	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	
	02/16/2024	Benchmark Outdoor Media	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$490.00	2813 Ted Circle	
		Harlingen, TX 78550	
	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	
		Digital sign	
		Digital olgi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/06/2024	Brand Boosters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$433.00	301 N McColl Rd	
		McAllen, TX 78501	
	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	
		Palm cards	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

### SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 2/8 Rpt: 11/18	Bell, Deborah L. (Mrs.)	
4	Date	5 Payee name	_
	02/07/2024	Cavasos, Johnny	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$50.00	317 7th St	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EX. ENDITORE	Check if Austin, TX, officeholder living expense	
		Yard sign stakes	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
_	Data		_
	Date 02/21/2024	Payee name	
		Chapa, Procopio	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.00	6305 Padres Line Rd	
		Brownsville, TX 78526	
	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	
		Food for meet and greet	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	02/16/2024	Elbert, Micah	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$50.00	5350 Old Dowlen Rd, 734	
	400.00		
		Beaumont, TX 77706	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Sign installation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/OI	1	

#### SCHEDULE F1

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

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

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: 3/8 Rpt: 12/18	Bell, Deborah L. (Mrs.) 00087944
4	Date	5 Payee name
	01/29/2024	Facebook advertising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1 Hacker Way
		Menlo Park, CA 94025
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
		Facebook advertising
		T doobook datorioning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Davies same
	02/08/2024	Payee name
L		Facebook advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.93	1 Hacker Way
		Menlo Park, CA 94025
	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 advertising
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
⊨	Date	
	Date	Payee name
	02/20/2024	Facebook advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1 Hacker Way
		Menlo Park, CA 94025
	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 advertising
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	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: 4/8 Rpt: 13/18	Bell, Deborah L. (Mrs.) 00087944
4	Date	5 Payee name
	02/12/2024	FundHero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.55	243 E 400 S. Ste B-100,
		Salt Lake City, UT 84101
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 fee
		Donation lee
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	FundHero
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.53	243 E 400 S. Ste B-100,
		Salt Lake City, UT 84101
	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 fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	•
	Date	Payee name
	02/18/2024	FundHero
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.10	243 E 400 S. Ste B-100,
		Salt Lake City, UT 84101
	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 fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Sch: 5/8 Rpt: 14/18  Bell, Deborah L. (Mrs.)  5 Payee name FundHero  6 Amount (\$)  \$49.30  7 Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Donation fee	Sch: 5/8 Rpt: 14/18  Bell, Deborah L. (Mrs.)  O0087944  4 Date O1/31/2024  5 Payee name FundHero  6 Amount (\$) 7 Payee address; City; State; Zip Code  S49.30  S49.30  S49.30  Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Donation fee  Office sought  Office held  Date O2/17/2024  Amount (\$) Payee address; City; State; Zip Code  \$243 E 400 S. Ste B-100,
Date   Date   S   Payee name   FundHero	4 Date 01/31/2024 5 Payee name FundHero 6 Amount (\$) \$49.30 7 Payee address; City; State; Zip Code \$49.30 Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Office sought  Office held  Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code  \$24.80 \$24.80 State 2 Ip Code
FundHero   FundHero   Salt Lake City, UT 84101   Salt Lake City, UT 84101	O1/31/2024 FundHero  Amount (\$) \$49.30  The payee address; City; State; Zip Code  \$49.30  Salt Lake City, UT 84101   (a) Category (See Categories listed at the top of this schedule) Fees  Candidate/Officeholder name O2/17/2024  Candidate/Officeholder name O2/17/2024  FundHero  Payee name FundHero  Payee address; City; State; Zip Code  \$243 E 400 S. Ste B-100,  State; Zip Code  State; Zip Code  State; Zip Code  State; Zip Code
Amount (\$)   \$49,30   243 E 400 S. Site B-100,   Salt Lake City, UT 84101	Salt Lake City, UT 84101   Salt Lake City, UT 84101   Salt Lake City, UT 84101
\$49.30	\$49.30 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  9 Complete ONLY if direct expenditure to benefit C/OH  Date O2/17/2024  Amount (\$) Payee name FundHero  Payee address; City; State; Zip Code  \$24.80 243 E 400 S. Ste B-100,
Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  9 Complete ONLY if direct expenditure to benefit C/OH  Date O2/17/2024  Amount (\$) Payee name Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Pees (b) Description  Fees (b) Description  Office held  Payee name Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Date O2/107/2024  Complete ONLY if direct expenditure to benefit C/OH  Date O2/107/2024  Payee address; City, State; Zip Code  S24.80  S24.80  (a) Category (See Categories listed at the top of this schedule)  Fees Office Sought Office held  Complete ONLY if direct expenditure to benefit C/OH  Date O2/107/2024  Payee name PundHero  Amount (\$) Payee name FundHero  Amount (\$) Payee address; City, State; Zip Code  \$49.30  Salt Lake City, UT 84101  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Fees (b) Description  Chick if saval custode of Texas. Complete Schedule T. Office held  Office No. State; Zip Code  S49.30  Category (See Categories listed at the top of this schedule)  OF EXPENDITURE  OF EXPENDITURE  OF EXPENDITURE  Office Categories listed at the top of this schedule)  Office Sought Officeholder living expense Donation fee	Salt Lake City, UT 84101  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  9 Complete ONLY if direct expenditure to benefit C/OH  Date 02/17/2024  Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code \$243 E 400 S. Ste B-100,
PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense   Check if Austin, TX, officeholder living expens	8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Office sought  Date O2/17/2024  Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code \$24.80  \$24.80  State State State; Zip Code
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Check if Austin, Tx, officeholder Ining expense   Complete QNLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held	Fees    Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH  Date O2/17/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office held  Date O2/07/2024  Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  Date O2/07/2024 Candidate/Officeholder name Office sought Office held  Date O2/07/2024 PundHero  Amount (\$) Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  Date O2/07/2024 FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if assist, Tx, difficeholder living expense Donation fee  Complete ONLY if direct Candidate/Officeholder name Office sought Obscription Check if assist, Tx, difficeholder living expense Donation fee  Complete ONLY if direct Candidate/Officeholder name Office sought Obscription Check if Austin, Tx, difficeholder living expense Donation fee	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 02/17/2024  Amount (\$) Payee address; City; State; Zip Code \$24.80 \$24.80 Donation fee
Date O2/17/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Date O2/07/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code   Check if travel outside of Texas. Complete Schedule T.	Date Payee name 02/17/2024 FundHero  Amount (\$) Payee address; City; State; Zip Code \$24.80 \$24.80 S. Ste B-100,
Date O2/17/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Date O2/07/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code   Check if travel outside of Texas. Complete Schedule T.	expenditure to benefit C/OH  Date Date 02/17/2024 FundHero  Amount (\$) Payee address; City; State; Zip Code \$24.80 243 E 400 S. Ste B-100,
Date 02/17/2024  Amount (\$) Payee address; City; State; Zip Code \$24.80 Payee address; City; State; Zip Code  \$24.80 Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  Complete ONLY if direct expenditure to benefit C/OH  Date 02/07/2024  Amount (\$) Payee name PundHero Amount (\$) Payee address; City; State; Zip Code  \$49.30 243 E 400 S. Ste B-100, Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if Austin, TX, officeholder inving expense Donation fee  (b) Description Check if Austin, TX, officeholder inving expense Donation fee  (b) Description Check if Austin, TX, officeholder inving expense Donation fee  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Date
Date	02/17/2024 FundHero  Amount (\$) Payee address; City; State; Zip Code  \$24.80 243 E 400 S. Ste B-100,
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code \$24.80 \$24.80 S. Ste B-100,
\$24.80  243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Justin, TX, officeholder living expense Donation fee  Complete ONLY if direct expenditure to benefit C/OH  Date 02/07/2024  Amount (\$) Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100, Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Donation fee  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$24.80 243 E 400 S. Ste B-100,
Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Candidate/Officeholder name Office sought Office held  Payee name PundHero Amount (\$) Payee address; City; State; Zip Code 243 E 400 S. Ste B-100, Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if Austin, TX, officeholder inving expense Donation fee  (b) Description Check if Austin, TX, officeholder Tx as a Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee	
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PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct expenditure to benefit C/OH  Date O2/07/2024  Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code \$49.30 Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if Austin, TX, officeholder living expense Donation fee  (b) Description Check if Austin, TX, officeholder living expense Donation fee	
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Complete ONLY if direct expenditure to benefit C/OH  Date	OF Fees Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date	Check if Austin, 1X, officenoider living expense
Date 02/07/2024 Payee name FundHero  Amount (\$) Payee address; City; State; Zip Code \$49.30 Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	
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Amount (\$)  Payee address; City; State; Zip Code  243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	· · · · · · · · · · · · · · · · · · ·
\$49.30 243 E 400 S. Ste B-100,  Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	
Salt Lake City, UT 84101  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	\$49.30   243 E 400 S. Ste B-100,
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Salt Lake City. UT 84101
Fees  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fee  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense  Donation fee  Office sought  Office held	OF Fees Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Check if Austin, TX, officeholder living expense
	Donation lee
expenditure to benefit C/OH	
	expenditure to benefit C/OH

#### 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	ndidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above a category not listed above to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 6/8 Rpt: 15/18	Bell, Deborah L. (Mrs.) 00087944						
4	Date	5 Payee name						
	02/16/2024	Galaxy Emroidery						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$200.00	19 Ruidoso						
		Brownsville, TX 78521						
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						
		Embroidered shirts						
		Emploided of mile						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI	the state of the s						
F	Date	Payee name						
	02/19/2024	Gutierrez, Amador						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$125.00	8420 US Highway 281						
	¥===:::							
		Brownsville, TX 78520						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Sign installation						
		Sign installation						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	02/18/2024	Pena, Naomi						
Н	Amount (\$)	Payee address; City; State; Zip Code						
	\$125.00	33878 Cactus Rd						
		Los Fresnos, TX 78566						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  Photography for meet and greet event							
		Friotography for meet and greet event						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
$\vdash$								
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### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 7/8 Rpt: 16/18	Bell, Deborah L. (Mrs.) 00087944							
4	Date	5 Payee name							
	02/20/2024	Radio United LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$505.75	2520 E Business Hwy 83							
		Mission, TX 78572							
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  Radio advertising							
		radio davertising							
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	02/23/2024	Radio United LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$505.75 2520 E Business Hwy 83								
		Mission, TX 78572							
	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							
		Radio advertising							
		radio davortoning							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	02/13/2024	United States Post Office							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$170.00	1535 E Los Ebanos							
		Brownsville, TX 78520							
	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							
		Stamps							
	0 1. 5								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	onponditure to beliefit 6/01	•							

#### 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	/ - Il Cor	mmittee	Legal Service	lemorials Expe s			kpense /ages/	e Contract Labor te this form.		Travel in District Travel Out of D OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAMI	E						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/8 Rpt: 17/18		Bell, Debor	ah L. (Mrs	.)						00087944		
4	Date	5	Payee name	1						•			
	02/16/2024		United Stat		ffice								
6	Amount (\$)	7	Payee addre	ess; City	y;	State;	Zip Co	de					
	\$40.80		1535 E Los										
			Brownsville	e, TX 7852	0								
8	PURPOSE OF	(a)	Category (S		listed at the top	o of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense								nplete Schedule T.	
									Stamps	П, ТА,	officeholder livin	g expense	
									Otampo				
9	Complete ONLY if direct		Candidate/Off	iceholder na	ame	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	7											

#### 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: 1/1 Rpt: 18/18 Bell, Deborah L. (Mrs.) 00087944 Date Payee name 02/09/2024 **Fundhero Premium** 6 Amount (\$) Payee address; City; State; Zip Code \$26.97 243 E 400 S. Ste B-100 Reimbursement from political contributions intended Salt Lake City, UT 84101 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Fundraising subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH