

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065891	2 Total pages filed: 11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Rebecca L.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/03/2024	
	NICKNAME	LAST Bell-Metereau	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 425 San Marcos, TX 78667		ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	MS / MRS / MR Ms.		FIRST Teresa S.	MI	
	NICKNAME		LAST Hobby	SUFFIX	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2131 San Felipe Rd. Houston, TX 77019				
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 521-3377	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2024		THROUGH	Month Day Year 06/30/2024	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) State Board Of Education District 5		12 OFFICE SOUGHT (if known)		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bell-Metereau, Rebecca L. (Dr.)	14 Filer ID (Ethics Commission Filers) 00065891
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	35.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,154.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	24,745.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,250.00

17 AFFIDAVIT

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

Dr. Rebecca L. Bell-Metereau

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		19 Filer ID (Ethics Commission Filers) 00065891
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,154.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10.24

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/11
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 05/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnin, Geoffrey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 5/11	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 01/02/2024	5 Payee name BMO Harris Bank, NA	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name BMO Harris Bank, NA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name BMO Harris Bank, NA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 6/11	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 04/01/2024	5 Payee name BMO Harris Bank, NA	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2024	Candidate/Officeholder name BMO Harris Bank, NA	
Amount (\$) \$5.00	Office sought Office held	
Date 05/02/2024	Payee name BMO Harris Bank, NA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2024	Candidate/Officeholder name BMO Harris Bank, NA	
Amount (\$) \$6.42	Office sought Office held	
Date 06/03/2024	Payee name BMO Harris Bank, NA	
Amount (\$) \$6.42	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 7/11	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
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4 Date 06/12/2024	5 Payee name Colin Allred for Senate
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 601631 Dallas, TX 75360
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2024	Payee name Constant Contact
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Amount (\$) \$66.09	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email CRM license
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Constant Contact
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Amount (\$) \$66.09	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email CRM license
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/5 Rpt: 8/11	2	FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3	Filer ID (Ethics Commission Filers) 00065891
4	Date 03/11/2024	5	Payee name Constant Contact		
6	Amount (\$) \$66.09	7	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email CRM license		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/12/2024		Payee name Google, Inc.		
	Amount (\$) \$94.04		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email account		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/05/2024		Payee name Google, Inc.		
	Amount (\$) \$19.63		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email account		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 9/11	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 05/06/2024	5 Payee name Google, Inc.	
6 Amount (\$) \$30.70	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email account
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Google, Inc.	
Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email account
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name Hays County Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 204 San Marcos, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 10/11
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 01/19/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$1.75
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	7 Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/20/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.80
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/19/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.57
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/17/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.59
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/17/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.64
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 11/11
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 06/20/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$1.85
6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205		
7 Purpose for which amount is received Interest on campaign checking account		<input type="checkbox"/> Check if political contribution returned to filer
Date 01/17/2024	Name of person from whom amount is received Google, Inc.	Amount (\$) \$0.04
Address of person from whom amount is received; City; State; Zip Code Mountain View, CA 94043		
Purpose for which amount is received Account verification deposit		<input type="checkbox"/> Check if political contribution returned to filer