# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete th	his form.	Filer ID (Ethics Commiss 00067547	ion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR FIR	RST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable Ce	cil I.			Date Received	
TV WIL					ELECTRONICA	LLVEILED
						LLY FILED
	NICKNAME LAS	ST		SUFFIX	07/15/2024	
	Be	II		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	IITE#; CITY:		ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 819	,	•			
MAILING ADDRESS	1.101.201.020				Receipt #	Amount
l						
Change of Address	Magnolia, TX 77355				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR:	ST		MI	-	
TREASURER NAME	Mrs. Sar	ra L.				
INAIVIE						
	NICKNAME LAS			SUFFIX		
	Tay			301117		
	Tay	yioi				
2 0445464	OTDEET ADDRESS (NO DO DO)	/ DI E 4 OE)	4.D.T.	/ OLUTE // OLT) /	07.4	TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	( PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	27003					
(Residence or Business)	Lavaca Trails					
(,	Magnolia, TX 77355					
7 CAMPAIGN TREASURER	AREA CODE PHONE NU	UMBER EX	TENSION			
PHONE	(281) 770-4006					
8 REPORT				_	_	
TYPE	January 15 3	30th day before e	lection F	Runoff	15th day after can appointment (offic	npaign treasurer eholder only)
	X   July 15   8	Sth day before ele	ection	Exceeded modified	Final Report (Atta	
		our day belore ele		eporting limit	_ marreport (villa	on 0/01111ty
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	THR	OUGH	06/30/202		
	01/01/2024	11111	COGII	00/30/202	4	
10 FLECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	ELECTION DATE			ELECTION TYPE	C Other	
	Month Day Year		nary	Runoff	Other	
		Ger	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative District 3	3		State Representa		
		GO TO	PAGE 2			
I						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Bell Jr., Cecil I. (The	Honorable)	14 Filer ID 00067547	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
ш .	X GENERAL	TEXAS ALLIANCE FOR LIFE PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	8000 CENTRE PARK DRIVE				
		SUITE 380				
		AUSTIN, TX 78754				
		COMMITTEE CAMPAIGN TREASURER NAM	ИЕ			
		SHAW, JAMES				
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS			
		4505 CORAZON CV				
		ROUND ROCK, TX 78681				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 11,000.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 43,436.45		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THRIOD	HE LAST DAY OF THE	<b>\$</b> 17,616.86		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 82,140.00		
<b>17</b> AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information required			
		The	Honorable Cecil I. Bell	lr		
			re of Candidate or Officeh			
		J.g				
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs		aid		day		
		ertify which, witness my hand and seal of office				
of	, 20, to co	ently which, whiless my hard and sear of office				
	, 20, to continuous cer administering	Printed name of officer administering		er administering oath		

# SUBTOTALS - C/OH 18 FILER NAME 19 Filer ID

	FORM	C/OH
COVER	SHEE	T PG 3

18 FILER NAME Bell Jr., Cecil I. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00067547							
AL AMOUNT							
11,000.00							
43,436.45							

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/27		
2	FILER NAME Bell Jr., Cec	ER NAME Il Jr., Cecil I. (The Honorable)			Filer ID (Ethics Commission 00067547	on Filers)
4	Date 06/27/2024	5 Full name of contributor out-of-state PAC (ID#:_ CATERPILLAR INC. PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loon	IRVING, TX 75039	O Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS NURSE PRACTITIONERS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code  AUSTIN, TX 78701			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/TEXAS ASSOCIATION OF REALTOF Contributor address; City; State; Zip Code  AUSTIN, TX 78768	RS PAC		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/27	
il I. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067547
		7 Amount of Contribution (\$) \$1,500.00
WASHINGTON, DC 20005		
pation / Job title (See Instructions)	9 Employer (See Instruction	s)
	tion Guide explains how to complete the II. (The Honorable)  5 Full name of contributor  out-of-state PAC (I UNION PACIFIC CORORATION FUND FOR Contributor address; City; State; Zip Code  WASHINGTON, DC 20005	5 Full name of contributor

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 6/27	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	01/30/2024	AUSTIN CLUB
6	Amount (\$) \$245.00	7 Payee address; City; State; Zip Code 110 EAST 9TH STREET
		AUSTIN, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  MONTHLY DUES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/30/2024	AUSTIN CLUB
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  YEARLY DUES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	AUSTIN CLUB
	Amount (\$) \$188.68	Payee address; City; State; Zip Code 110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MONTHLY DUES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guid	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/22 Rpt: 7/27	Bell Jr., Ce	cil I. (The Honorab	ole)				00067547	
4	Date	5 Payee name							
	02/28/2024	AUSTIN CI	_UB						
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
	\$281.00	110 EAST	9TH STREET						
		AUSTIN, T	X 78701						
8	PURPOSE OF		see Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			_		officeholder living	plete Schedule T.
						MONTHLY D			, oxponed
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/03/2024	AUSTIN CI							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$185.00	1 1	9TH STREET	Otato, Zip O	ouc				
	Ψ103.00	110 12 (3)	SIIISIILLI						
		AUSTIN, T	X 78701						
	PURPOSE OF	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.
						MONTHLY D			g expense
						WONTE	-	.0	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u> uaht			Office he	elq
	expenditure to benefit C/O		iocholaci fiamo						
	Date	Payee name							
	05/10/2024	AUSTIN CI	_UB						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$185.00	110 EAST	9TH STREET						
		AUSTIN, T	X 78701		_				
	PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description	_		
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						MONTHLY D		officeholder living	g expense
						WICHTILL	OE.		
L	Complete ONLY if direct	Candidata /C#	iceholder name	O#:22	1100 P.4			Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OI		icentituer name	Office so	ugn			Onice no	<del>c</del> iu

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	
Ļ	<b>-</b>	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 3/22 Rpt: 8/27	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name
	02/23/2024	AXIOM STRATEGIES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,398.00	800 W 47TH ST STE 200
		KANSAS CITY , MO 64112
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  MAIL OUT
		WAIL GOT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	05/01/2024	BROOKSHIRE BROTHERS
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.07	18535 FM 1488
		MAGNOLIA, TX 77355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		TEACHER APP. LUNCHEON
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	01/02/2024	CITY OF AUSTIN
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.32	P.O. BOX 2267
L		AUSTIN, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	- <del>-</del>	Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
		AOSTINAFTOTILITIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	difficulties of the sought of

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total manage Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 4/22 Rpt: 9/27	2 FILER NAME Bell Jr., Cecil I. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name
	02/05/2024	CITY OF AUSTIN
6	Amount (\$) \$58.81	7 Payee address; City; State; Zip Code P.O. BOX 2267  AUSTIN, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	CITY OF AUSTIN
	Amount (\$) \$57.45	Payee address; City; State; Zip Code P.O. BOX 2267
		AUSTIN, TX 78783
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2024	CITY OF AUSTIN
	Amount (\$) \$58.01	Payee address; City; State; Zip Code P.O. BOX 2267
		AUSTIN, TX 78783
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
	Complete ONLY 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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	1
1 Total pages Schedule F1: Sch: 5/22 Rpt: 10/27	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067547
4 Date	5 Payee name
05/03/2024	CITY OF AUSTIN
6 Amount (\$) \$59.52	7 Payee address; City; State; Zip Code P.O. BOX 2267  AUSTIN, TX 78783
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/03/2024	CITY OF AUSTIN
Amount (\$)	Payee address; City; State; Zip Code
\$63.03	P.O. BOX 2267
BUDDOOF	AUSTIN, TX 78783
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  AUSTIN APT UTILITIES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/19/2024	CLM MORTGAGE HEAT STROKE OPEN
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 450 GEARS ROAD
	HOUSTON, TX 77067
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SPONORSHIP
Complete ONLY if direct expenditure to benefit C/OF	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 -Candidate/Officeholder/Political Co

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/22 Rpt: 11/27	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	01/30/2024	CONROE LAKE CONROE CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. BOX 2347
		CONROE, TX 77305
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  MEMBERSHIP DUES
		WILMBERSTIF DOES
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder come
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	06/01/2024	CONSTANT CONTACT
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.88	1601 TRAPELO ROAD
		WALTHAM , MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MONTHLY FEE
		MONTHELLE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	06/01/2024	EPROCESSING NETWORK
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	1415 N. LOOP WEST SRE. 1185
		HOUSTON, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		MONTHLY FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	·

## SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/22 Rpt: 12/27	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	01/02/2024	FeedStor LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H
	Date	Payee name
	01/30/2024	FeedStor LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H
	Date	Payee name
	02/28/2024	FeedStor LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
	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 DIGITAL CONSULT
	l	BIGITAL CONSOLT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

1 Total pages Schedule F1: Sch: 8/22 Rpt: 13/27 4 Date O3/26/2024 5 Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068  8 PURPOSE EXPENDITURE  (a) Category: Give Calescries Isseed at the top of this schedule) Consulting Expense  (b) Description Consulting Expense  (c) Candidate/Officeholder name Office Sought Office Hold Office Hold Office Hold  PURPOSE OF EXPENDITURE  (a) Category: Give Calescries Isseed at the top of this schedule) Digital Consulting Expense  (b) Description Consulting Expense  (c) Candidate/Officeholder name Office Sought Office Hold  Office Hold  Date OS1/0/2024 Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068  PURPOSE OS EXPENDITURE  (a) Category: Give Calescries Isseed at the top of this schedule) Digital Consulting Expense  (b) Description Consulting Expense  (c) Consulting Expense  (d) Description Consulting Consulting Expense  (d) Category Give Calescription Consulting Consulting Expense  (e) Consulting Consulting Consulting Consulting Expense  (e) Consulting Co		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
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Amount (\$)		Date	Payee name	
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Complete ONLY if direct expenditure to benefit C/OH  Date Payee name FeedStor LLC  Amount (\$) Payee address; City; State; Zip Code  ### Houston, TX 77068  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Consulting Expense    (a) Category (See Categories listed at the top of this schedule)   (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   DIGITAL CONSULT		OF	I □ • • • • • • • • • • • • • • • • • •	
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# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E mmittee Legal Services The Instruction Gui	Salar	-	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ve)
1	Total pages Schedule F1:	12	FILER NAME	<u> </u>		1:	3	Filer ID	(Ethics Commission	n Filers)
-	Sch: 9/22 Rpt: 14/27		Bell Jr., Cecil I. (The Honora	ble)				00067547	,	,
4	Date	5	Payee name			•				
	03/11/2024		GREATER EMC CHAMBER							
6	Amount (\$)	7	Payee address; City;	State; Zip	Code					
l	\$30.00		21575 HIGHWAY 59 NORTI	H STE 100						
l										
			NEW CANEY, TX 77357							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
l	OF EXPENDITURE		Food/Beverage Expense						olete Schedule T.	
	EXI ENDITORE					<b>—</b>	TX,	officeholder living	expense	
						LUNCHEON				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sought			Office he	eld	
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Г	Date		Payee name							
	04/24/2024		GREATER EMC CHAMBER							
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l	Ψ10.00			1.012 100						
			NEW CANEY TY 77057							
L		╙	NEW CANEY, TX 77357							
l	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
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L	experience to benefit eyes									
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	05/28/2024		GREATER MAGNOLIA PAR	RKWAY CHAME	BER O	F COMMERCE	:			
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l	\$300.00		P.O. BOX 399							
l	, , , , , ,									
			MACNOLIA TV 770E0							
L			MAGNOLIA, TX 77353							
l	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this schedule)	(b)	Description				
l	EXPENDITURE		Fees			<u></u>			olete Schedule T.	
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ĺ	Complete ONLY if direct	(	Candidate/Officeholder name	Office	sought			Office he	sia	

expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Comi	mittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 10/22 Rpt: 15/27	E	Bell Jr., Cec	il I. (The Hono	rable)					00067547	
4	Date	5 F	Payee name								
	04/03/2024	1		ASSOCIATES	LLC						
6	Amount (\$)	7 F	Payee addres	s; City;	State;	Zip Co	de				
	\$108.63	8	301 S HIGH	WAY 183 #114	43						
		L	EANDER,	TX 78641							
8	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
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9	Complete ONLY if direct		andidata/Offic	oholdor name		Office corr	abt			Office he	nld.
a	Complete ONLY if direct expenditure to benefit C/OI		anuluale/OIII(	eholder name		Office sou	igrit			Office he	au
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	06/27/2024	1	MAGNOLIA	ISD LIVESTO	CK SHOW						
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	\$250.00	F	P.O. BOX 8	3							
		1	MAGNOLIA	TX 77353							
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			MAGNOLIA	TX 77353							
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	OF EXPENDITURE			s/Donations M				ш		de of Texas. Com	•
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### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica		mittee Legal Services Expense Frinting Expense Salaries/Wages/Co		OTHER (enter a category not listed above)					
	Credit Card Payment		The Instruction Guide explains how to complete	e this form.						
1	Total pages Schedule F1:	2	FILER NAME	[3	3	Filer ID	(Ethics Commission Filer	s)		
	Sch: 11/22 Rpt: 16/27		Bell Jr., Cecil I. (The Honorable)			00067547				
4	Date	5	Payee name	<u> </u>						
	03/11/2024		Magnolia Apostolic Tabernacle							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
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	41.0.00									
			Magnelia TV 77252							
		ļ.,	Magnolia, TX 77353							
8	PURPOSE OF	(a)	5 ) (000 000 000 000 000 000 000 000 000	Description						
	EXPENDITURE		Advertising Expense	=			plete Schedule T.			
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9	Complete ONLY if direct		andidate/Officeholder name Office sought			Office he	eld			
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	Date	Т								
	03/01/2024		Payee name PLANTERSVILLE TOWN HALL							
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	Amount (\$)		Payee address; City; State; Zip Code							
	\$250.00		P.O. BOX 37							
		┖	PLANTERSVILLE, TX 77363							
	PURPOSE OF	(a)	5 ) (000 000 000 000 000 000 000 000 000	Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.			
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	03/01/2024		Payee name PLANTERSVILLE TOWN HALL							
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			PLANTERSVILLE, TX 77363							
	PURPOSE OF	(a)	· · · · · · · · · · · · · · · · · · ·	Description						
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	expenditure to benefit C/OI					200 110	-			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		ting Exp aries/Wa		e /Contract Labor		OTHER (enter	a category not listed a	above)
	Credit Card Payment			The Instruction Gui	ide explains how	to com	ıple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 12/22 Rpt: 17/27		Bell Jr., Ced	il I. (The Honora	ıble)					00067547		
4	Date	5	Payee name									
	01/02/2024		POSTMAST	ER								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Cod	le					
	\$210.00		815 GOODS	SON RD								
			MAGNOLIA	, TX 77355								
8	PURPOSE	(a)			- + <b>- +</b> +	10	(b)	Description				
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	expenditure to benefit C/OI	<b>-</b>										
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			MAGNOLIA	, TX 77355								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
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			AUSTIN, TX	78751								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(	(b)	Description				
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	expenditure to benefit C/OI		Januiuale/OIII	cholder flattle	Onice	, soug	111			Office I	iciu	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense 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
Leaal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
	Sch: 13/22 Rpt: 18/27	Bell Jr., Cecil I. (The Honorable) 00067547	_
4	Date	5 Payee name	
	02/02/2024	RESIDENTS AT THE TRIANGLE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,336.92	4600 W. GUADALUPE STREET	
		AUSTIN, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
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		AUSTIN, TX 78751	
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		AUSTIN, TX 78751	
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### SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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1	Total pages Schedule F1: Sch: 14/22 Rpt: 19/27	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name
	05/01/2024	RESIDENTS AT THE TRIANGLE
6	Amount (\$) \$2,333.10	7 Payee address; City; State; Zip Code 4600 W. GUADALUPE STREET  AUSTIN, TX 78751
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8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  AUSTIN APT RENT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2024	RESIDENTS AT THE TRIANGLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,333.12	4600 W. GUADALUPE STREET
		AUSTIN, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense  AUSTIN APT RENT
		ACCITIVAL TILEAT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	ROTARY CLUB OF MAGNOLIA
	Amount (\$) \$270.00	Payee address; City; State; Zip Code P.O. BOX 1139
	\$270.00	P.O. BOX 1139
		MAGNOLIA, TX 77353
	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  MEMBERSHIP DUES
		WILWIDERS IIF DUES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY 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 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)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 15/22 Rpt: 20/27	Bell Jr., Cecil I. (The Honorable)			00067547	
4	Date	5 Payee name		_		
	02/12/2024	ROTARY CLUB OF MAGNOLIA				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$270.00	P.O. BOX 1139				
		MAGNOLIA, TX 77353				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description			
	OF EXPENDITURE	Fees	Check if trave		ide of Texas. Com	
	LXI ENDITORE		<b>—</b>		, officeholder living	g expense
			MEMBERSI	1112	DUES	
0	Complete ONLY if direct	Condidate/Officeholder name Office sough	•		Office he	ald.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ı		Onice ne	aiu .
	Data					
	Date	Payee name				
	05/10/2024	ROTARY CLUB OF MAGNOLIA				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$270.00	P.O. BOX 1139				
		MAGNOLIA, TX 77353				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	) Description			
	EXPENDITURE	Fees	ш		ide of Texas. Com , officeholder living	
			YEARLY DU			, - ,
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	04/05/2024	SHAKEFX, LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$194.85	541 Phillips Dr.				
		Boca Raton, FL 33432				
	PURPOSE		) Description			
	OF	Consulting Expense		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE				, officeholder living	gexpense
			DIGITAL CO	NS	SULT	
	0 1: 0::::::::::					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t		Office he	eld

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ft/Awards/Memorials gal Services he Instruction G	•		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
-	Total pages Cabadula 54:	12					,		12	Filor ID	(Ethios Committee	ion Filore)
1	Total pages Schedule F1: Sch: 16/22 Rpt: 21/27	2	Bell Jr., Cecil	I. (The Honor	able)				3	Filer ID 00067547	(Ethics Commiss	un Filers)
Ļ	•	<del>  -</del>		(1112 1101101	,				<u> </u>			
4	Date	5	Payee name									
L	05/29/2024		SHAKEFX, L	_C								
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Cod	de					
	\$259.80		541 Phillips D	r.								
			•									
			Doos Doton	-1 22422								
		L	Boca Raton,									
8	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Consulting Ex	pense				<b>=</b>			plete Schedule T.	
	<b></b>							_		officeholder living	g expense	
								DIGITAL COI	NS	ULI		
L												
9	Complete ONLY if direct		Candidate/Office	holder name	C	Office souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
Ħ	Date		Payee name									
	01/30/2024		SPECTRUM									
_	Amount (\$)	$\vdash$	Payee address	; City;	State	; Zip Coo	de					
	` '		•	•	Siale,	, <u>-</u> ip C00	uC					
	\$294.65		P.O. BOX 600	J14								
			CITY OF IND	USTRY, CA 9	1716-0074							
	PURPOSE	(a)	Category (See	Categories listed at t	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Office Overhe			-,		Check if travel			plete Schedule T.	
	EXPENDITURE				•			X Check if Austin			g expense	
								AUSTIN APT	C/	ABLE		
L												
	Complete ONLY if direct		Candidate/Office	holder name	C	Office souç	ght			Office h	eld	
	expenditure to benefit C/OF	Н										
H	Date		Payee name									
	02/23/2024		SPECTRUM									
		L		<b>5</b> 11		<b>-</b>						
	Amount (\$)		Payee address		State;	; Zip Coo	de					
	\$297.73		P.O. BOX 600	)74								
			CITY OF IND	USTRY, CA 9	1716-0074							
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	ledule)	(b)	Description				
	OF	<u> </u>	Office Overhe			,	•		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				r			X Check if Austin	, TX,	officeholder living	g expense	
								AUSTIN APT	CA	ABLE		
	Complete ONLY if direct		Candidate/Office	holder name	C	Office souç	ght			Office he	eld	
	expenditure to benefit C/OI	Н										

## SCHEDULE F1

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

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

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	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: 17/22 Rpt: 22/27	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	03/26/2024	SPECTRUM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.73	P.O. BOX 60074
		CITY OF INDUSTRY, CA 91716-0074
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense  AUSTIN APT CABLE
		/ (SS / 11.0 / 11.2 - 12.2 - 1
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2024	SPECTRUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.08	P.O. BOX 60074
	420 1100	1.6.26% 6661
		CITY OF INDUSTRY, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		ACCOUNT OF BEE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/28/2024	SPECTRUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.08	P.O. BOX 60074
		CITY OF INDUSTRY, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		AUSTIN APT CABLE
	Complete <u>ONLY</u> 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)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 18/22 Rpt: 23/27	Bell Jr., Cecil I. (The Honorable) 00067547	
4	Date	5 Payee name	
	06/27/2024	SPECTRUM	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$294.08	P.O. BOX 60074	
		CITY OF INDUSTRY, CA 91716-0074	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		AUSTIN APT CABLE	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/28/2024	TEXAS SPECIAL CHILDERNS PROJECT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	808 RUSSELL PALMER RD	
		KINGWOOD, TX 77339	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		DONATION	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	03/26/2024	TIBBS, DENNIS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$843.05	2603 E. BLUELAKE DR	
		MAGNOLIA, TX 77354	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		REIMBURSEMENT FOR SD7 CONVENTION LUNCH	
	Operation ONE VICE		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	•		

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment												
4. Tatalmana C. I. I. T.												
1 Total pages Schedule F1:												
Sch: 19/22 Rpt: 24/27	Bell Jr., Cecil I. (The Honorable) 00067547											
4 Date	5 Payee name											
03/11/2024	Travelers Insurance											
6 Amount (\$)	7 Payee address; City; State; Zip Code											
\$342.00	P.O. Box 59059											
	Knoxville, TN 37950											
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description											
OF	Office Overhead/Rental Expense  Cross Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Cross Category (See Categories listed at the top of this schedule)  Cross Check if travel outside of Texas. Complete Schedule T.											
EXPENDITURE	X Check if Austin, TX, officeholder living expense											
	AUSTIN APT INSURANCE											
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held											
expenditure to benefit C/OI	1											
Date	Payee name											
01/30/2024	VERIZON WIRELESS											
Amount (\$)	Payee address; City; State; Zip Code											
\$71.04	P.O. BOX 489											
	NEWARK, NJ 07101-0489											
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description											
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.											
	Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE											
	CAIVII AIOIV FIIOIVE											
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held											
expenditure to benefit C/OI												
Data												
Date	Payee name											
02/06/2024	VERIZON WIRELESS											
Amount (\$)	Payee address; City; State; Zip Code											
\$82.59	P.O. BOX 489											
	NEWARK, NJ 07101-0489											
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description											
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.											
- <del>-</del>	Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE											
	CAIVIFAIGIV FRONE											
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held											
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•											
•												

### 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	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 20/22 Rpt: 25/27	Bell Jr., Cecil I. (The Honorable) 00067547								
4	Date	5 Payee name								
	03/11/2024	VERIZON WIRELESS								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$82.59	P.O. BOX 489								
		NEWARK, NJ 07101-0489								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		CAMPAIGN PHONE								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	04/03/2024	VERIZON WIRELESS								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$82.59	P.O. BOX 489								
		NEWARK, NJ 07101-0489								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		CAMPAIGN PHONE								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	05/10/2024	VERIZON WIRELESS								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$82.56	P.O. BOX 489								
	NEWARK, NJ 07101-0489									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE								
		3,, 1, 3, 1, 1, 3, 1, 1, 3, 1, 1, 3, 1, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,								
	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 -

**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/Officenoider/Politica	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
	Sch: 21/22 Rpt: 26/27	Bell Jr., Cecil I. (The Honorable) 00067547										
4	Date	5 Payee name										
	06/27/2024	VERIZON WIRELESS										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$82.56	P.O. BOX 489										
		NEWARK, NJ 07101-0489										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense										
		CAMPAIGN PHONE										
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OH											
	Date Payee name											
	04/05/2024	Woodforest Bank										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$68.63	4055 Corporate Drive Ste. 100										
		Grapevine, TX 76051										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.										
		Check if Austin, TX, officeholder living expense  CHECKS										
		CHECKS										
Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
	expenditure to benefit C/O											
	Date	Payee name										
	06/01/2024	Woodforest Bank										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$578.70	4055 Corporate Drive Ste. 100										
		Grapevine, TX 76051										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.										
	EXPENDITORE	Check if Austin, TX, officeholder living expense										
BANK FEES												
	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	/ - Il Coi	mmittee	Legal Servi	s/Memorials ices	se Expense uide explains		Expens /Wages	se s/Contract Lab		Travel in Dis Travel Out o OTHER (ent	f Distr	ict ategory not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	<u> </u>						3	Filer ID		(Ethics Commission F	ilers)
	Sch: 22/22 Rpt: 27/27		Bell Jr., Ce	cil I. (The	e Honor	able)					0006754	17		
4	Date	5	Payee name											
	06/01/2024		Woodfores	t Bank										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State	e; Zip C	ode						
	\$18.00		4055 Corpo	orate Driv	ve Ste. 1	100								
			Grapevine,	TX 7605	51									
8	PURPOSE	(a)	Category (S	ee Categorie	es listed at th	ne top of this so	chedule)	(b)	Description	on				
	OF EXPENDITURE		Accounting						_				ete Schedule T.	
									_		, officeholder li	iving e	expense	
									STATE	VIENTE	EE			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder	name		Office so	ught			Office	e held	d	