FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083895 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Teiva J. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Bell CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael A. NAME NICKNAME LAST **SUFFIX** Pender Sr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 444-2733 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 339 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Bell, Teiva J. (The Ho	onorable)	14 Filer ID (00083895	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THA	 N PLEDGES, LOANS,	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,894.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 8,114.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 50,000.00
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc all information required t	companying report is o be reported by me
		The Ho	norable Teiva J. Bell	
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 15 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00083895 Bell, Teiva J. (The Honorable) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,894.04 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$

TO FILER

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/10 Rpt: 4/15	2 FILER NAME Bell, Teiva J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083895
4	Date 02/06/2024	5 Payee name COSTCO
6	Amount (\$) \$53.86	7 Payee address; City; State; Zip Code 3836 Richmond Ave
		Richmond, TX 77027
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 Jury Snacks
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/02/2024	Payee name Chick Fila
	Amount (\$) \$78.86	Payee address; City; State; Zip Code 5940 Gulf Fwy
		Houston, TX 77023
	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 Jury Breakfast
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/07/2024	Payee name Ebony Feast
	Amount (\$) \$200.00	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Felony Board Meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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	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: 2/10 Rpt: 5/15	Bell, Teiva J. (The Honorable) 00083895
4	Date	5 Payee name
	06/06/2024	Esthers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$290.65	5007 North Shepard Dr
		Houston, TX 77018
8	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 Food for Felony Board Meeting
		1 ood for 1 clorry Board Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second
	Date	Payee name
	05/06/2024	FIESTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.76	5300 mykawa rd
		HOUSTON, TX 77033
	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 Felony Board Meeting
		Pelony Board Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/02/2024	Facebook Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	
		TX
	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 Couch for Chambers
		Couch for Chambers
_	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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 6/15	Bell, Teiva J. (The Honorable) 00083895
4	Date	5 Payee name
	05/26/2024	Fiesta En Guadaajara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$601.20	3522 Irvington
L		Houston, TX 77009
8	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 Food
		1 300
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	
		Payee name
	03/06/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.81	3111 Woodbridge
		Houston, TX 77087
	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
		Jury Snack
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/01/2024	HLA Gala
	Amount (\$) \$511.15	Payee address; City; State; Zip Code p.o. box 300009
	Φ311.13	μ.σ. box 300009
		Haveten TV 77000
		Houston, TX 77230
	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
		Gala
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

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 Printing Expense
Frinting Expense
Salaries/Mange/Contract Labor

Repayment/Reimbursement

1 Overhead/Rental Expense

1 Expense

1 Expense

1 Expense

1 Expense

1 Expense

1 Expense

2 Expense

2 Expense

3 Expense

4 Expense

5 Olicitation/Fundraising 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: 4/10 Rpt: 7/15	Bell, Teiva J. (The Honorable) 00083895
4	Date	5 Payee name
	06/06/2024	Hearsay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	218 Travis St
		Houston, TX 77002
8	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 Criminal Judges Holida
		Cililinal dadges Holida
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/13/2024	La Palapa
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.34	1110 Preston
		Houston, TX 77002
	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 Court Breakfast
		South Browniast
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/09/2024	Shipleys Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.97	3726 Scott Street
		Houston, TX 77004
Г	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 Donuts for Jurors
		Dollars for Salois
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff/Awards/Mei

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorial Legal Services	•		ages	/Contract Labor		Travel Out of I OTHER (enter	District a category not listed	above)
				The Instruction G	uide explains	how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 5/10 Rpt: 8/15			J. (The Honoral	ble)					00083895	<u> </u>	
4	Date	5	Payee name									
	02/29/2024		Shipleys Do	nuts								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$32.97		3726 Scott	Street								
			Houston, T	K 77004								
8	PURPOSE	(a)	Category (Si	ee Categories listed at	the top of this sch	ledule)	(b)	Description				
	OF EXPENDITURE			age Expense		,			outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE			-				Check if Austin,	, TX,	officeholder livi	ng expense	
								Jury Donuts				
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OI	H										
	Date		Payee name					_				
	03/07/2024		Shipleys Do	nuts								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$39.35		3726 Scott	Street								
			Houston, T	K 77004								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense				=			omplete Schedule T.	
	THE ENDITORIE							Check if Austin,		officeholder livi	ng expense	
								Jury Breakfas	ST			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
		_										
	Date		Payee name									
L	03/08/2024	L	Shipleys Do	nuts			_					
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$21.98		3726 Scott	Street								
			Houston, T	K 77004								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				_			omplete Schedule T.	
	TVI FIADITORE							Check if Austin,		officeholder livi	ng expense	
								Jury Breakfas	st			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	-1										

SCHEDULE F1

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

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

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

l	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: 6/10 Rpt: 9/15	Bell, Teiva J. (The Honorable) 00083895	
4	Date	5 Payee name	_
	03/28/2024	Shipleys Donuts	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$36.36	3726 Scott Street	
		Houston, TX 77004	
8	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 Jury Breakfast	
		July Breaklast	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	04/20/2024	Shipleys Donuts	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$32.97	3726 Scott Street	
	402.01	57 25 330tt 3tt 35t	
		Houston, TX 77004	
┝	PURPOSE		_
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Jury Breakfast	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to some or ex-		
	Date	Payee name	
	04/28/2024	Shipleys Donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.36	3726 Scott Street	
		Houston, TX 77004	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Jury Breakfast	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Г			_

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 Solicitation/Fundraising 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: 7/10 Rpt: 10/15	Bell, Teiva J. (The Honorable) 00083895
4	Date	5 Payee name
	05/01/2024	Shipleys Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.97	3726 Scott Street
		Houston, TX 77004
8	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
		Jury Breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	03/07/2024	Texas Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	505 E Huntland Drive
	Ψ00.00	Suite 400
		houston, TX 78752
	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
		Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2024	The El Dorado Ball
	Amount (\$)	Payee address; City; State; Zip Code
	\$456.00	231 Elgin St
		Houston, TX 77004
	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
		Event space and food for joint court christmas party
	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/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 T	otal pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)
Ş	Sch: 8/10 Rpt: 11/15	Bell, Teiva	J. (The Honorable)					00083895	
4 D	ate	5 Payee name							
0	3/08/2024	Tiffs Treats							
6 A	mount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$21.98	1333 old sp	anish trail						
		Houston, T	X 77054						
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Com officeholder living	plete Schedule T. g expense
						Felony Board			, - ,
	Complete ONLY if direct xpenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld
	oate	Payee name							
0	4/11/2024	Tiffs Treats							
А	mount (\$)	Payee addre	•	State; Zip Co	ode				
	\$40.05	1333 old sp	anish trail						
		Houston, T	X 77054						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			_			plete Schedule T.
						Felony Board		officeholder living	g expense
						r olony Board			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	Jaht			Office he	eld
	xpenditure to benefit C/OI				3				
Г	Pate	Payee name							
	4/18/2024	Tiffs Treats							
	mount (\$)	Payee addre		State; Zip Co	nde				
·	\$34.93	1333 old sp		Ciaio, Zip O	J40				
	Ψ0-1.50								
		Houston, T	X 77054						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	1	rage Expense	,		Check if travel of			plete Schedule T.
	EXI ENDITORE					_		officeholder living	g expense
						Felony Board	I		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	labt			Office he	ald
	xpenditure to benefit C/OI		iccholuci name	Office Sui	agrit			Office He	Jiu
_									

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction G	·		ages	/Contract Labor		Travel Out of Dis	strict category not listed a	above)
_	T	_						1	_	E''. 15	(EII-) - O	
1	Total pages Schedule F1: Sch: 9/10 Rpt: 12/15	2		l. (The Honoral	ble)				3	Filer ID 00083895	(Ethics Commis	sion Filers)
4	Date	5	Payee name									
	04/26/2024		Tiffs Treats									
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de					
	\$72.81		1333 old sp	anish trail								
			Houston, TX	(77054								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			age Expense		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							—		officeholder living	g expense	
								Felony Board	l			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	04/28/2024		Tiffs Treats									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$42.22		1333 old sp	anish trail								
			Houston, T	77054								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				—		de of Texas. Com officeholder living	plete Schedule T.	
								Felony Board		onicendider living	g expense	
								1 clony Board	•			
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office soug	aht			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
	06/05/2024		Tiffs Treats									
\vdash	Amount (\$)	\vdash	Payee addres	ce: Citur	Ctato:	Zip Cod	de					
	\$21.00		1333 old sp		ડાતાંિ,	Zip C00	ue					
	Φ21.00		1333 Olu Sp	anisn tran								
				, 7705 ;								
			Houston, T	(77054								
	PURPOSE OF	(a)	•	e Categories listed at	the top of this sche	edule)	(b)	Description		d4.T 0	onless Cole III T	
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Com officeholder living	plete Schedule T.	
								Felony Board		onicendidei iivini	g expense	
								. 5.5, 5 50ara	-			
_	Complete ONLY if direct		Candidate/Offic	ceholder name	Ω	Office soug	aht			Office he	eld	
	expenditure to benefit C/OI				O	5000	٠٠٠			200 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ıı Con	The Instruction Guide explains how to co		ete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		1:	3	Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 13/15	l	Bell, Teiva J. (The Honorable)				00083895	,
4	Date	5	Payee name					
	06/19/2024		Tiffs Treats					
6	Amount (\$) \$37.57	ı	Payee address; City; State; Zip Co 1333 old spanish trail	de				
	Ψ31.31		1333 old spanish trail					
			Houston, TX 77054					
8	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense				e of Texas. Comp officeholder living	plete Schedule T. expense
					Felony Board	,		
					-			
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ght			Office he	eld
	Date		Payee name					
	04/24/2024		sams					
	Amount (\$)		Payee address; City; State; Zip Co	de				
	\$228.92		15800 s. freeway					
			pearland, TX 77584					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense				e of Texas. Comp officeholder living	plete Schedule T. expense
					Jury Snacks		_	•
	Complete ONLY if direct		andidate/Officeholder name Office sour	ght			Office he	eld
	expenditure to benefit C/O	T						

(DUTSTAN	SCHEDULE L	
Т	he Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 14/15
	ILER NAME sell, Teiva J. (T	he Honorable)	3 Filer ID (Ethics Commission Filers) 00083895
L IN	ENDER NFORMATION	4 Name of lender Johnson, Lonnie (Mr.)	1
		5 Lender address; City; State; Zip Code	
		Woodlands, TX	
	SUARANTOR NFORMATION	6 Name of guarantor	
>	not applicable	7 Guarantor address; City; State; Zip Code	

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
		Sch: 1/1 Rpt: 15/15
	R NAME , Teiva J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083895
4 Desc	cription of Asset	
	ce couch 200	