CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: 00088110 31						
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE U	SE ONLY		
OFFICEHOLDER NAME	Adi	rienne		Date Received			
				ELECTRONICAL			
	NICKNAME LAS		SUFFIX	10/07/2024			
	Bel	I					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE #; CITY;	ZIP CODE	Date Hand-delivered or D	Date Postmarked		
OFFICEHOLDER	3519 E. Walnut #3465						
MAILING ADDRESS				Receipt #	Amount		
Change of Address	Pearland, TX 77588			Date Processed	•		
				Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIR	ST	MI				
TREASURER NAME	Adr	ienne					
	NICKNAME LAS		SUFFIX				
	Bell						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	(PLEASE) AF	PT / SUITE #; CITY;	STAT	E; ZIP CODE		
TREASURER	3519 E. Walnut #3465	, , , , , , , , , , , , , , , , , , , ,		Cirki	2, 21 0002		
ADDRESS	3313 E. Wallat #3403						
(Residence or Business)							
	Pearland, TX 77588						
7 CAMPAIGN	AREA CODE PHONE NU	JMBER EXTENSION					
TREASURER	(832) 291-2451						
PHONE	(002) 201 2101						
8 REPORT							
TYPE	January 15 X 3	0th day before election	Runoff	15th day after cam	paign treasurer		
				appointment (office			
	July 15 8	th day before election	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)		
			ioporting initia				
9 PERIOD	Month Day Year		Month Day	Year			
COVERED	07/01/2024	THROUGH	09/26/2024	1			
		_					
10 ELECTION	ELECTION DATE		ELECTION TYPE	_			
	Month Day Year	Primary	Runoff	Other			
	11/05/2024	X General	Special				
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)			
			State Representa				
		GO TO PAGE 2					
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

13 C / OH NAME

15 NOTICE

FROM POLITICAL

COMMITTEE(S)

16 CONTRIBUTION

EXPENDITURE

CONTRIBUTION

OUTSTANDING

LOAN TOTALS

TOTALS

TOTALS

BALANCE

17 AFFIDAVIT

1.

2.

4.

5.

6.

Additional Pages

FORM C/OH **COVER SHEET PG 2**

LIDIALS			001		2 of 31
Bell, Adrienne			14 Filer ID 00088110	(Ethics Con	mission Filers)
candidate / officeholde	. These expenditures r	accepted or political expen may have been made with quired to report this informa	out the candidate's or off	ceholder's kn	owledge or
COMMITTEE TYPE	COMMITTEE NAME	1			
GENERAL					
	COMMITTEE ADDR	RESS			
SPECIFIC					
	COMMITTEE CAMP	PAIGN TREASURER NAM	E		
	COMMITTEE CAMP	PAIGN TREASURER ADDI	RESS		
		NTRIBUTIONS (OTHER T CONTRIBUTIONS MADE E		s, \$	0.00
	CAL CONTRIBUTION PLEDGES, LOANS, C	S DR GUARANTEES OF LO/	ANS)	\$	2,646.00
3. TOTAL UNITE	MIZED POLITICAL EXF	PENDITURES		\$	0.00
4. TOTAL POLIT	CAL EXPENDITURES	i		\$	3,700.40
5. TOTAL POLITI REPORTING F		S MAINTAINED AS OF TH	E LAST DAY OF THE	\$	1,436.09
	PAL AMOUNT OF ALL RTING PERIOD	OUTSTANDING LOANS	AS OF THE LAST DAY	\$	0.00
	tr	swear, or affirm, under per ue and correct and include nder Title 15, Election Cod	es all information required		
	-	Signature	e of Candidate or Officeh	older	
		-			

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _

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

day

_____, this the ___

Version V4.1.0.48da51f7

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 31	
18 FILER NAME Bell, Adrienne	19 Filer ID 00088110	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,546.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 100.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,700.40
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 45.99

Т	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/31
2 F	ILER NAME			3 Filer ID (Ethics Commission Filers)
B	Bell, Adrienn	ie		00088110
4 D	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
0	08/11/2024	Brennan, Kathleen		\$25.00
		6 Contributor address; City; State; Zip Code		•
		Pearland, TX 77584		
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Ν	Not Employe	3d	Not Employed	
D	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	8/18/2024	Caire, Rosemary		\$25.00
		Contributor address; City; State; Zip Code		•
		Houston, TX 77024		
P	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
A	Artist		Self	
D	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	8/23/2024	Carls, Joe		\$100.00
		Contributor address; City; State; Zip Code		1
		Austin, TX 78756		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)
л 	Not Employe	3d	Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
0	08/19/2024	Crabtree, Brian		\$100.00
		Contributor address; City; State; Zip Code		
		Livernool TV 77577		
		Liverpool, TX 77577		<u> </u>
	vrincipal occu Not Employe	ipation / Job title (See Instructions)	Employer (See Instructions	6)
			Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
U)7/28/2024	Daigle, Gene		\$10.00
		Contributor address; City; State; Zip Code		
		Abia TV 77511		
<u>⊢</u> _		Alvin, TX 77511		<u> </u>
		Ipation / Job title (See Instructions)	Employer (See Instructions	6)
3	Sr Compass	Adjuster	Mackay Marine	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/31	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
Bell, Adrienr	ne		00088110	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/28/2024	Daigle, Gene		\$2	10.00
	6 Contributor address; City; State; Zip Code			
	Alvin, TX 77511			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Sr Compass	Adjuster	Mackay Marine		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024	Dukes, Thomas		\$10	.00.00
	Contributor address; City; State; Zip Code			ļ
				ļ
	San Antonio, TX 78209			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/18/2024	Farr, Mary	/		25.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77381			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
Not Employe		Not Employed	,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
07/23/2024	Fowler, Robert	/		25.00
01120,202	Contributor address; City; State; Zip Code			20.00
	Continuutor address, City, State, Zip Code			
	Austin, TX 78758			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
DOO	, particular (200 - 111 - 2,	Home Slice Pizza	7	
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Gallagher, John)	Amount of Contribution (\$)	25.00
00/21/2024			Ψ.	20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Dringingloog		Employer (See Instructions		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Self		Self		

SCHEDULE	A1
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Ē	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/31	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Bell, Adrienr	16				00088110	
4	Date	5 Full name of contributor out-of-state PAC (ID#)#:)	7	Amount of Contribution (\$)	
	09/21/2024	Gallagher, John					\$4.00
		6 Contributor address; City; State; Zip Code					
		Pearland, TX 77584					
8		upation / Job title (See Instructions)	9	Employer (See Instructions)		
	Self			Self			
	Date	Full name of contributor out-of-state PAC (ID#)#:)		Amount of Contribution (\$)	
	09/10/2024	Goodwin, Vikki					\$100.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78739					
		ipation / Job title (See Instructions)		Employer (See Instructions)		
	Real Estate			Self			
Γ	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	07/27/2024	Graham, Genevieve					\$25.00
		Contributor address; City; State; Zip Code					
		United TV 77010					
\vdash	Duin single goog	Houston, TX 77019					
		ipation / Job title (See Instructions)		Employer (See Instructions Jackson Walker LLP)		
L	Attorney			Jackson vvaikei llr			
	Date	Full name of contributor Out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷25.00
	09/02/2024	Grimmett, John					\$25.00
		Contributor address; City; State; Zip Code					
		Pearland, TX 77581					
┝	Drincinal occu	ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Alvin ISD			Educator	9		
╞	_			Lucator	_		
	Date	Full name of contributor out-of-state PAC (ID#	'#: <u></u>)		Amount of Contribution (\$)	ቀጋር በበ
	08/21/2024	Harry, Linda					\$25.00
		Contributor address; City; State; Zip Code					
		Pearland, TX 77584					
\vdash	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ן</u>		
	Not Employe			Not Employed	,		
⊢		<u> </u>					

The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/31	
2 FILER NAME				3	Filer ID (Ethics Commission	Filers)
Bell, Adrienr	ne				00088110	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/25/2024	Hebley, Sandi					\$10.00
	6 Contributor address; City; Stat	te; Zip Code		1		
	Dallas, TX 75230					
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	s)		
RN			Faith Presbyterian Hosp	oita	I	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/21/2024	Hernandez, Patrick	_				\$50.00
	Contributor address; City; Stat			1		
		· ·				
	Houston, TX 77075					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Retired						
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
09/15/2024	Hill, Marie	_				\$50.00
	Contributor address; City; Stat	te; Zip Code		1		
	Angleton, TX 77515					
	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Retired				-		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/21/2024	Hillegas, Bob					\$10.00
	Contributor address; City; Stat	te; Zip Code				
	Houston, TX 77080					
Drincinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Not Employe	,		Not Employed	5)		
				T		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u>ቀ</u> 10 00
08/21/2024	Hillegas, Bob	<u> </u>				\$10.00
	Contributor address; City; Stat	te; Zip Code				
	Houston, TX 77080					
Princinal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
Not Employe			Not Employed	5)		
1101						

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/31
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bell, Adrienr	ne		00088110
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/21/2024	Hillegas, Bob		\$10.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77080	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	S)
Not Employe		Not Employed	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024			\$50.00
	Contributor address; City; State; Zip Code		
	Takoma Park, MD 20912		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Consultant		Hughes Strategies	·)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
08/22/2024	Jensen, Barbara	/	\$15.00
00,22,222	Contributor address; City; State; Zip Code		· · · · ·
	Vidor, TX 77662		
	upation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	Kingshill, Tina		\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77077		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe		Not Employed	>)
Date			Amount of Contribution (\$)
07/26/2024	Full name of contributor out-of-state PAC (ID#: Kittle, Kathleen)	\$20.00
011201202	Contributor address; City; State; Zip Code		÷
	Carrollton, TX 75010		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Not employe	ed	Not employed	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bell, Adrienn	e			00088110	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	08/19/2024	Knabeschuh, Susan				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77706	1			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	2d	Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	08/11/2024	Krenzke, Carol]		\$50.00
		Contributor address; City; State; Zip Code				
		Manual TV 77570				
⊢	Dringinglagou	Manvel, TX 77578				
	Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 100.00
	08/08/2024	Macaskie, Rosemary				\$100.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77564				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Retired			5)		
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	07/26/2024	McDaniel, Craig)			\$10.00
	0172072024	Contributor address; City; State; Zip Code		•		\$10.00
		Contributor address, City, State, Zip Code				
		Pearland, TX 77584				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	08/18/2024	McDaniel, Craig	/			\$10.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77584				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
			•			

The Instr	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/31
2 FILER NAM	 IE		3 Filer ID (Ethics Commission Filers)
Bell, Adrie	nne		00088110
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
09/10/202			\$25.0
	6 Contributor address; City; State; Zip Code		1
8 Principal oc	Dallas, TX 75228 cupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Musician		Self	5)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
08/18/202		:)	Amount of Contribution (\$) \$1.0
00/10/202			
	Continuation address, City, State, Zip Code		
	Oakton, VA 22124		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Nursing As	SST	The VA	
Date	Full name of contributor out-of-state PAC (ID#:	······)	Amount of Contribution (\$)
08/25/202	4 Pan, Michael		\$1.0
	Contributor address; City; State; Zip Code		1
	Oakton, VA 22124		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	c)
Nursing As		The VA	5)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/20/202		·/	\$1.0
00/20/202	Contributor address; City; State; Zip Code		· · · · ·
	Oakton, VA 22124		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Nursing As	sst	The VA	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
07/26/202	4 Pate, Karen		\$25.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	c)
Teacher		Alvin ISD	5)

	The Instru	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 8/12 Rpt: 11/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bell, Adrienr	Ie			00088110	
4	Date	5 Full name of contributor Dut-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	08/21/2024	Robinson, Sally				\$50.00
		6 Contributor address; City; State; Zip Code		"		
		Galveston, TX 77550				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
-	Physician		UTMB	-)		
	Date	Full name of contributor Out-of-state PAC (ID)	Т	Amount of Contribution (\$)	
	08/21/2024	Robinson, Sally	# <i>)</i>			\$100.00
	001211202-1					Ψ100.00
		Continuation address, City, State, Zip Code				
		Galveston, TX 77550				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		UTMB			
⊨	Date	Full name of contributor Out-of-state PAC (ID)# [.])	Τ	Amount of Contribution (\$)	
	09/01/2024	Robinson, Sally	<i>n</i> ,		, who are a second s	\$100.00
				·		• -
		Galveston, TX 77550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		UTMB			
	Date	Full name of contributor out-of-state PAC (ID)#:)	Τ	Amount of Contribution (\$)	
	08/26/2024	Robinson, Sally				\$100.00
		Contributor address; City; State; Zip Code		"		
		Galveston, TX 77550				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		UTMB			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Τ	Amount of Contribution (\$)	
	07/26/2024	Robinson, Simon				\$9.00
		Contributor address; City; State; Zip Code		"		
		Cedar Park, TX 78613				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sales		PT Products			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bell, Adrienn	le			00088110	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/13/2024	Siegle, Caryl				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Mansfield, TX 75063	1			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/17/2024					\$25.00
	Contributor address; City; State; Zip Code					
		Mansfield, TX 75063				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		د) ا			
	Not Employe		Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Т	Amount of Contribution (\$)		
	08/07/2024	Smith, David)			\$100.00
	00/01/202					Ψ±00.02
		Galveston, TX 77554				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	:d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/26/2024	Smith, Te David				\$100.00
		Contributor address; City; State; Zip Code		1		
		Sun City Center, FL 33573				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د</u> ا ا		
	Not Employe		Not Employed	5)		
	Date			Τ	Amount of Contribution (\$)	
	07/02/2024	Full name of contributor out-of-state PAC (ID#: Sobol, Anne)			\$25.00
	0.,02,222	Contributor address; City; State; Zip Code		•		T
		Lincoln, MA 01773				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employed Not Employed					
			•			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/31	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bell, Adrienne				00088110	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/02/2024	Sobol, Anne				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Lincoln, MA 01773				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	؛d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/18/2024	Sobol, Anne				\$100.00
		Contributor address; City; State; Zip Code		1		
		Lincoln, MA 01773	•			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		5)			
	Not Employed Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:)		Γ	Amount of Contribution (\$)		
	09/02/2024	Sobol, Anne				\$25.00
		Contributor address; City; State; Zip Code		1		
		Lincoln, MA 01773	1	Ļ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/18/2024	Sterling, Karen				\$5.00
		Contributor address; City; State; Zip Code				
		Coder Crock TV 70012				
	Dringinglaggy	Cedar Creek, TX 78612				
	Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*- • •
	08/25/2024	Sterling, Karen				\$5.00
	Contributor address; City; State; Zip Code					
		Cedar Creek, TX 78612				
_	Dringing ogg		Employer (See Instructions	$\frac{1}{2}$		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not employed Not employed					

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/31		
2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)	
Bell, Adrienr	ie		00088110	-
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
08/25/2024	Thomas, Jerry		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76012			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Marketing R		Decision Analyst)	
Date		4:)	Amount of Contribution (\$)	
08/19/2024	Toenjes, Larry	·/		50.00
	Clear Lake Shores, TX 77565			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Not employe	Not employed Not employed			
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
08/22/2024	Trevino, Dorothy		\$2	25.00
	Contributor address; City; State; Zip Code			
	Galveston, TX 77551			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Psychothera		Self)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
07/25/2024	Vincent, Peri			50.00
	Contributor address; City; State; Zip Code			
	· ·			
	Beverly Hills, CA 90212			
•	pation / Job title (See Instructions)	Employer (See Instructions)	
Actor		Self		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
07/26/2024	Wakamiya, Maki		\$2	25.00
	Contributor address; City; State; Zip Code			
	Galveston, TX 77551			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Scientist		UTMB	,	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/31
2 FILER NAME Bell, Adrienne	3 Filer ID (Ethics Commission Filers) 00088110
 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 08/29/2024 Watson, Demetria 6 Contributor address; City; State; Zip Code Pearland, TX 77584 	7 Amount of Contribution (\$)\$50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired)
Date Full name of contributor out-of-state PAC (ID#:) 08/25/2024 Wilson, Nancy Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5.00
Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Not EmployedNot Employed)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/1 Rpt: 16/31		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Bell, Adrien	ne			00088110	
4	⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5	Date 09/02/2024			8	Amount of contribution (\$) \$100.00 Strategy session, endorsement, social media, email promotion	
		San Antonio, TX 78278			Check if travel outside of Texas. Complete Schedule T.	
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JL	IDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

—			
	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL NS	SCHEDULE F1
⊢			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tod/Beverage Expense Polling Expense Tod/Beverage Tod/Beverage <thttod beverage<="" th=""> Tod/Beverage</thttod>	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 17/31		00088110
4	Date 07/07/2024	5 Payee name ActBlue	
⊢			
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144	
Ŀ	DUDDOCE		
8	PURPOSE OF EXPENDITURE		e of Texas. Complete Schedule T. Ifficeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Г	Date	Payee name	
	07/21/2024	ActBlue	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street Somerville, ME 02144	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside	e of Texas. Complete Schedule T. Ifficeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
F	Date	Payee name	
	07/28/2024	ActBlue	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.79	366 Summer Street	
		Somerville, ME 02144	
	PURPOSE OF EXPENDITURE		e of Texas. Complete Schedule T. Ifficeholder living expense
ľ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

	POLITICAL EXI CONTRIBUTIOI	PENDITURES FROM POLITICAL	SCHEDULE F1
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel i Gift/Awards/Memorials Expense Printing Expense Travel i	tion/Fundraising Expense ortation Equipment & Related Expense in District Out of District R (enter a category not listed above)
	Total pages Schedule F1:		D (Ethics Commission Filers)
Ľ	Sch: 2/14 Rpt: 18/31	Bell, Adrienne 0008	
4	Date 09/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144 	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Tex Check if Austin, TX, officehor Service Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice held
	Date	Payee name	
	08/11/2024	ActBlue	
	Amount (\$) \$6.92	Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Tex Check if Austin, TX, officeho Service Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	6	ffice held
	Date 08/18/2024	Payee name ActBlue	
	Amount (\$) \$7.56	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, ME 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description □ Check if travel outside of Tex □ Check if Austin, TX, officeho Service Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	6	ffice held

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEDULE	F1
		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 3/14 Rpt: 19/31	Bell, Adrienne 00088110	
4	Date 08/25/2024	5 Payee name ActBlue	
6	Amount (\$) \$30.54	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144	
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fees 	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
F	Date	Payee name	
	09/01/2024	ActBlue	
	Amount (\$) \$12.25	Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144	
⊢	PURPOSE		
	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fees 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
F	Date	Payee name	
	09/08/2024	ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, ME 02144	
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fees 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEI	DULE F1
		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Reimbursement Food/Beverage Expense Polling Expense Travel out of District By - Gift/Awards/Memorials Expense Printing Expense	elated Expense
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co	nmission Filers)
	Sch: 4/14 Rpt: 20/31	Bell, Adrienne 00088110	
4	Date 09/15/2024	5 Payee name ActBlue	
6	Amount (\$) \$9.96	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, ME 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (c) Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Service Fees	т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	09/22/2024	ActBlue	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.53	366 Summer Street Somerville, ME 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Service Fees	: Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/01/2024	Action Network	
	Amount (\$) \$22.00	Payee address; City; State; Zip Code 1900 L Street NW #900	
		Washington , DC 20036	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Fees for email program	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

Γ	POLITICAL EX	PENDITURES FROM POLITICAL
	CONTRIBUTIO	SCHEDULE HI
⊢		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel out of District
	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: 5/14 Rpt: 21/31	Bell, Adrienne 00088110
4	Date	5 Payee name
	07/30/2024	Action Network
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1900 L Street NW #900
		Washington , DC 20036
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for software subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2024	Action Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.00	1900 L Street NW #900
		Washington , DC 20036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for email software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
08/20/2024	,		
08/20/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$114.34	410 Terry Ave. N		
	Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Event Expense		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Expense for postcards and decorations for event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught	Office held

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEDULE F1	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 6/14 Rpt: 22/31	2 FILER NAME 3 Filer ID (Ethics Commission Filers Bell, Adrienne 00088110	s)
4	Date 08/16/2024	5 Payee name Amazon	
6	Amount (\$) \$16.42	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
8	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 Supplies for campaign event.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 08/22/2024 Amount (\$)	Payee name Amazon Payee address; City; State; Zip Code	
	\$31.98	410 Terry Ave. N Seattle, WA 98109	
	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 Expense for items for campaign event. 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 08/29/2024	Payee name Amazon	
	Amount (\$) \$37.78	Payee address; City; State; Zip Code 410 Terry Ave. N	
		Seattle, WA 98109	
	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 Items purchased for campaign event. 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1									
⊢		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 7/14 Rpt: 23/31	Bell, Adrienne	00088110							
4	Date 09/09/2024	5 Payee name Amazon								
6	Amount (\$) \$42.43	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109								
8	PURPOSE									
	OF	Event Expense	utside of Texas. Complete Schedule T. IX, officeholder living expense ampaign events.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/17/2024	Amazon								
	Amount (\$) \$82.71	Payee address; City; State; Zip Code 410 Terry Ave. N								
		Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense ampaign events.							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
F	Date	Payee name								
	07/19/2024	Bell, Adrienne								
	Amount (\$) \$170.00	Payee address;City;State;Zip Code3519 E. Walnut #3465								
		Pearland, TX 77588								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense nt for political expenditures made from s on 11/13/2023							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
╞										

	CONTRIBUTION	PENDITURES FROM POLITICAL	SCHEDULE F1
			V 9(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/	/Reinbursement Solicitation/Fundraising Expense Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)
_		The Instruction Guide explains how to complet	
1	Total pages Schedule F1: Sch: 8/14 Rpt: 24/31	2 FILER NAME Bell, Adrienne	3 Filer ID (Ethics Commission Filers) 00088110
4	Date 07/19/2024	5 Payee name Bell, Adrienne	
6	Amount (\$) \$105.00	 Payee address; City; State; Zip Code 3519 E. Walnut #3465 Pearland, TX 77588 	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Loan Repayment/Reimbursement [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made from personal funds on 11/08/2023.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/19/2024	Canva	
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee for software subscription.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2024	Canva	
	Amount (\$) \$15.00	Payee address;City;State;Zip Code3212 E. Cesar Chavez	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee for software subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D / - Gift/Awards/Memorials Expense Printing Expense Travel Out I Committee Legal Services Salaries/Wages/Contract Labor OTHER (e							
		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 9/14 Rpt: 25/31	2 FILER NAME 3 Filer ID Bell, Adrienne 000881	(Ethics Commission Filers) 10						
4	Date 09/19/2024	5 Payee name Canva							
6	Amount (\$) \$15.00	 7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez Austin, TX 78702 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Fees for software subsch 	r living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ce held						
F	Date	Payee name							
	07/01/2024	Google							
	Amount (\$) \$7.48	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) (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Fees for software subsc 	r living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	6	ce held						
	Date 08/01/2024	Payee name Google							
	Amount (\$) \$7.48	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) (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Google e-mail client soft 	r living expense						
F	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	6	ce held						
┢									

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 10/14 Rpt: 26/31	Bell, Adrienne			00088110				
4	Date	Payee name							
	09/03/2024	Google							
6	Amount (\$)	Payee address; City;	State; Zip Cod	e					
	\$7.68	1600 Amphitheatre Pkwy							
		Mountain View, CA 94043							
8	PURPOSE OF	Category (See Categories listed at the top	o of this schedule)	b) Description					
	EXPENDITURE	Fees			outside of Texas. Complete Schedule T.				
					n, TX, officeholder living expense				
					Subscription				
9	Complete ONLY if direct	andidate/Officeholder name	Office soug	ht	Office held				
	expenditure to benefit C/OF		-						
	Date	Payee name							
	09/17/2024	HEB							
	Amount (\$)	Payee address; City;	State; Zip Cod	e					
	\$55.59	2710 Pearland Parkway							
		Pearland, TX 77581							
	PURPOSE	Category (See Categories listed at the top	o of this schedule)	b) Description					
	OF EXPENDITURE	Food/Beverage Expense			outside of Texas. Complete Schedule T.				
					n, TX, officeholder living expense				
				Refreshment	s for campaign event.				
	Complete ONLY if direct	andidate/Officeholder name	Office soug	ht.	Office held				
	expenditure to benefit C/OF		Office soug	iii.	Office field				
	Data								
	Date 08/29/2024	Payee name Jones, Hubert							
	Amount (\$)	Payee address; City;	State; Zip Cod	e					
	\$240.00	2850 Oak Road							
		Doorlond TV 77E94							
	BUBBOCC	Pearland, TX 77584	i.						
	PURPOSE OF	Category (See Categories listed at the top Salaries/Wages/Contract Labor	,	b) Description Check if travel	outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/wages/Contract Labor			n, TX, officeholder living expense				
					npaign services				
	Complete ONLY if direct	andidate/Officeholder name	Office soug	ht	Office held				
	expenditure to benefit C/OF								

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 11/14 Rpt: 27/31	Bell, Adrienne	00088110							
4	Date 09/19/2024	5 Payee name Jones, Hubert								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$250.00	2850 Oak Road Pearland, TX 77584								
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·								
0	OF	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Labor for campaign services 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/21/2024	Meta								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$9.97	1 Hacker Way Menlo Park, CA 94025								
	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense cocial media advertising							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/12/2024	Office Depot								
	Amount (\$) \$124.42	Payee address; City; State; Zip Code 2032 N Main								
		Pearland, TX 77581								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ampaign event							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				head/Rental Expense ense bense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 12/14 Rpt: 28/31		ell, Adrienne					00088110			
4	Date 08/29/2024		Payee name Precision Graphix Group								
				Otata	7.0	1-					
6	Amount (\$) \$1,140.00	8	 7 Payee address; City; State; Zip Code 8325 Broadway, Suite 202 Pearland, TX 77581 								
•	DUDDOCE				I						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing for campaign signs and materials 							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office he	ld		
	Date	P	ayee name								
	09/10/2024	Р	recision Graphix Group								
	Amount (\$)	P	ayee address; City;	State;	Zip Co	le					
	\$110.00		325 Broadway, Suite 202 earland, TX 77581								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at rinting Expense	the top of this sch	edule)		n, TX,	ide of Texas. Comp , officeholder living .ign events.			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Dffice sou	ht		Office he	ld		
	Date		ayee name								
	09/23/2024	S	hell								
	Amount (\$) \$27.17		ayee address; City; 350 Magnolia Parkway	State;	Zip Co	le					
		Ν	anvel, TX 77578								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at ravel In District	the top of this sch	edule)		ı, TX,	ide of Texas. Comp , officeholder living /el in district			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ht		Office he	ld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment						head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	-	-		-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 13/14 Rpt: 29/31		Bell, Adrien						00088110		
4	Date 08/30/2024		Payee name Spangler, F	atricia							
6	Amount (\$) \$115.00		 7 Payee address; City; State; Zip Code 2850 Oak Road 								
	¢110.00		Pearland, T								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Labor for campaign services 							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder naı	ne C	Office soug	Jht		Office he	eld	
	Date		Payee name								
	09/19/2024		Spangler, F	atricia							
	Amount (\$) \$130.00		Payee addre 2850 Oak F Pearland, T	Road	State	; Zip Coo	de				
	PURPOSE OF EXPENDITURE	(a)		ee Categories lis	ted at the top of this sch act Labor	nedule)		n, TX,	ide of Texas. Com , officeholder living aign services	expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder naı	ne (Office soug	yht		Office he	eld	
	Date		Payee name								
	09/17/2024		The Home	Depot							
	Amount (\$) \$48.04		Payee addre 1514 Broad		State	; Zip Coo	de				
			Pearland, T	X 77581							
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising		ted at the top of this sch	nedule)	Check if Austi	n, TX,	ide of Texas. Com , officeholder living Cement of ca		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder naı	ne C	Office soug	Jht		Office he	eld	

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1: Sch: 14/14 Rpt: 30/31	2 FILER NAME Bell, Adrienne	3 Filer ID (Ethics Commission Filers) 00088110						
4	Date 09/23/2024	5 Payee name USPS							
6	Amount (\$) \$343.00	 7 Payee address; City; State; Zip Code 3519 E Walnut Pearland, TX 77588 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense IPS						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date 09/24/2024 Amount (\$) \$280.00	Payee name USPS Payee address; City; State; Zip Code 5099 Laurel							
		LaMarque, TX 77568							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense I PS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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			al pages Schedule K: h: 1/1 Rpt: 31/31	
2	FILER NAME			r ID (Ethics Commission Filer	s)
	Bell, Adrienn		000	088110	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	09/03/2024	Amazon		\$3	7.78
		6 Address of person from whom amount is received; City; State; Zip Code			
		Seattle, WA 98109			
		7 Purpose for which amount is received Check if pol	litical co	ontribution returned to filer	
		Item returned to company			
	Data			Amount (\$)	
	Date 08/26/2024	Name of person from whom amount is received Amazon			3.21
	00/20/2024			φ	5.21
	Address of person from whom amount is received; City; State; Zip Code				
		Seattle, WA 98109			
			14 1		
		Purpose for which amount is received Check if pol refund from Amazon	litical co	ontribution returned to filer	