

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088110	<b>2 Total pages filed:</b> 31
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST Adrienne MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 10/07/2024	
	NICKNAME LAST Bell SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3519 E. Walnut #3465  Pearland, TX 77588		Date Hand-delivered or Date Postmarked
			Receipt #      Amount
			Date Processed
			Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST Adrienne MI	<b>OFFICE USE ONLY</b> <hr/> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Bell SUFFIX		
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3519 E. Walnut #3465  Pearland, TX 77588		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (832)	PHONE NUMBER 291-2451	EXTENSION
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9 PERIOD COVERED</b>	Month    Day    Year 07/01/2024	THROUGH	Month    Day    Year 09/26/2024
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 29

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Bell, Adrienne	<b>14 Filer ID</b> (Ethics Commission Filers) 00088110
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,646.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	3,700.40
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,436.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

Adrienne Bell  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/12 Rpt: 4/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brennan, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caire, Rosemary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carls, Joe <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crabtree, Brian <hr/> Contributor address; City; State; Zip Code  Liverpool, TX 77577	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daigle, Gene <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sr Compass Adjuster		Employer (See Instructions) Mackay Marine

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/12 Rpt: 5/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daigle, Gene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alvin, TX 77511	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr Compass Adjuster		<b>9</b> Employer (See Instructions) Mackay Marine
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dukes, Thomas <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farr, Mary <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Robert <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) DOO		Employer (See Instructions) Home Slice Pizza
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallagher, John <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/12 Rpt: 6/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallagher, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodwin, Vikki <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham, Genevieve <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker LLP
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grimmett, John <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Alvin ISD		Employer (See Instructions) Educator
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harry, Linda <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/12 Rpt: 7/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebley, Sandi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Faith Presbyterian Hospital
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Patrick <hr/> Contributor address; City; State; Zip Code  Houston, TX 77075	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Marie <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77515	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillegas, Bob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/12 Rpt: 8/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillegas, Bob ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Julie ..... Contributor address; City; State; Zip Code  Takoma Park, MD 20912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Hughes Strategies
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, Barbara ..... Contributor address; City; State; Zip Code  Vidor, TX 77662	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingshill, Tina ..... Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kittle, Kathleen ..... Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/12 Rpt: 9/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knabeschuh, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krenzke, Carol <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macaskie, Rosemary <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77564	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Craig <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel, Craig <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/12 Rpt: 10/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McFarland, Dale	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75228		
<b>8</b> Principal occupation / Job title (See Instructions) Musician		<b>9</b> Employer (See Instructions) Self
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pan, Michael	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Oakton, VA 22124		
Principal occupation / Job title (See Instructions) Nursing Asst		Employer (See Instructions) The VA
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pan, Michael	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Oakton, VA 22124		
Principal occupation / Job title (See Instructions) Nursing Asst		Employer (See Instructions) The VA
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pan, Michael	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Oakton, VA 22124		
Principal occupation / Job title (See Instructions) Nursing Asst		Employer (See Instructions) The VA
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pate, Karen	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Alvin ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/12 Rpt: 11/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Sally	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) UTMB
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Sally	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Sally	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Sally	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Simon	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) PT Products

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/12 Rpt: 12/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siegler, Caryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 75063	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siegler, Caryl <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 75063	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, David <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77554	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Te David <hr/> Contributor address; City; State; Zip Code  Sun City Center, FL 33573	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sobol, Anne <hr/> Contributor address; City; State; Zip Code  Lincoln, MA 01773	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/12 Rpt: 13/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Anne	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Lincoln, MA 01773		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Anne	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Lincoln, MA 01773		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Anne	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Lincoln, MA 01773		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Karen	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Karen	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/12 Rpt: 14/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jerry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Research		<b>9</b> Employer (See Instructions) Decision Analyst
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toenjes, Larry <hr/> Contributor address; City; State; Zip Code  Clear Lake Shores, TX 77565	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Dorothy <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vincent, Peri <hr/> Contributor address; City; State; Zip Code  Beverly Hills, CA 90212	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wakamiya, Maki <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UTMB

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 16/31	
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 09/02/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon PAC	<b>8</b> Amount of contribution (\$) \$100.00	<b>9</b> In-kind contribution description Strategy session, endorsement, social media, email promotion
	<b>7</b> Contributor address; City; State; Zip Code  San Antonio, TX 78278	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/14 Rpt: 17/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 07/07/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2024	Payee name ActBlue	
Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2024	Payee name ActBlue	
Amount (\$) \$15.79	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/14 Rpt: 18/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/09/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/11/2024	Payee name ActBlue	
Amount (\$) \$6.92	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/18/2024	Payee name ActBlue	
Amount (\$) \$7.56	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/14 Rpt: 19/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/25/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$30.54	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name ActBlue	
Amount (\$) \$12.25	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name ActBlue	
Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/14 Rpt: 20/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/15/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$9.96	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name ActBlue	
Amount (\$) \$3.53	Payee address; City; State; Zip Code 366 Summer Street  Somerville, ME 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Action Network	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 1900 L Street NW #900  Washington , DC 20036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for email program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/14 Rpt: 21/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b>	Date 07/30/2024	<b>5</b> Payee name Action Network	
<b>6</b>	Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 1900 L Street NW #900  Washington , DC 20036	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for software subscription
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 08/31/2024	Payee name Action Network	
	Amount (\$) \$31.00	Payee address; City; State; Zip Code 1900 L Street NW #900  Washington , DC 20036	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for email software
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 08/20/2024	Payee name Amazon	
	Amount (\$) \$114.34	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for postcards and decorations for event.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/14 Rpt: 22/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
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<b>4</b> Date 08/16/2024	<b>5</b> Payee name Amazon
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<b>6</b> Amount (\$) \$16.42	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign event.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2024	Payee name Amazon
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Amount (\$) \$31.98	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for items for campaign event.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name Amazon
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Amount (\$) \$37.78	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased for campaign event.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 7/14 Rpt: 23/31	<b>2</b>	FILER NAME Bell, Adrienne	<b>3</b>	Filer ID (Ethics Commission Filers) 00088110
<b>4</b>	Date 09/09/2024	<b>5</b>	Payee name Amazon		
<b>6</b>	Amount (\$) \$42.43	<b>7</b>	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign events.		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/17/2024		Payee name Amazon		
	Amount (\$) \$82.71		Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign events.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/19/2024		Payee name Bell, Adrienne		
	Amount (\$) \$170.00		Payee address; City; State; Zip Code 3519 E. Walnut #3465  Pearland, TX 77588		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made from personal funds on 11/13/2023		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/14 Rpt: 24/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 07/19/2024	<b>5</b> Payee name Bell, Adrienne	
<b>6</b> Amount (\$) \$105.00	<b>7</b> Payee address; City; State; Zip Code 3519 E. Walnut #3465  Pearland, TX 77588	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for political expenditures made from personal funds on 11/08/2023.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Canva	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for software subscription.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Canva	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/14 Rpt: 25/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/19/2024	<b>5</b> Payee name Canva	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 3212 E. Cesar Chavez  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for software subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Google	
Amount (\$) \$7.48	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for software subscription.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Google	
Amount (\$) \$7.48	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google e-mail client software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/14 Rpt: 26/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Google
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<b>6</b> Amount (\$) \$7.68	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for email subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2024	Payee name HEB
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Amount (\$) \$55.59	Payee address; City; State; Zip Code 2710 Pearland Parkway  Pearland, TX 77581
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for campaign event.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name Jones, Hubert
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 2850 Oak Road  Pearland, TX 77584
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor for campaign services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/14 Rpt: 27/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
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<b>4</b> Date 09/19/2024	<b>5</b> Payee name Jones, Hubert
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 2850 Oak Road  Pearland, TX 77584
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor for campaign services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2024	Payee name Meta
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Amount (\$) \$9.97	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for social media advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name Office Depot
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Amount (\$) \$124.42	Payee address; City; State; Zip Code 2032 N Main  Pearland, TX 77581
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/14 Rpt: 28/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
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<b>4</b> Date 08/29/2024	<b>5</b> Payee name Precision Graphix Group
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<b>6</b> Amount (\$) \$1,140.00	<b>7</b> Payee address; City; State; Zip Code 8325 Broadway, Suite 202  Pearland, TX 77581
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign signs and materials
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name Precision Graphix Group
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Amount (\$) \$110.00	Payee address; City; State; Zip Code 8325 Broadway, Suite 202  Pearland, TX 77581
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for campaign events.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Shell
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Amount (\$) \$27.17	Payee address; City; State; Zip Code 3350 Magnolia Parkway  Manvel, TX 77578
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline for travel in district
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/14 Rpt: 29/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 08/30/2024	<b>5</b> Payee name Spangler, Patricia	
<b>6</b> Amount (\$) \$115.00	<b>7</b> Payee address; City; State; Zip Code 2850 Oak Road  Pearland, TX 77584	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor for campaign services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Spangler, Patricia	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 2850 Oak Road  Pearland, TX 77584	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor for campaign services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name The Home Depot	
Amount (\$) \$48.04	Payee address; City; State; Zip Code 1514 Broadway  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense expense for placement of campaign signage in the district.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/14 Rpt: 30/31	<b>2</b> FILER NAME Bell, Adrienne	<b>3</b> Filer ID (Ethics Commission Filers) 00088110
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name USPS
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<b>6</b> Amount (\$) \$343.00	<b>7</b> Payee address; City; State; Zip Code 3519 E Walnut  Pearland, TX 77588
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage stamps
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name USPS
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Amount (\$) \$280.00	Payee address; City; State; Zip Code 5099 Laurel  LaMarque, TX 77568
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage stamps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 31/31
<b>2</b> FILER NAME Bell, Adrienne		<b>3</b> Filer ID (Ethics Commission Filers) 00088110
<b>4</b> Date 09/03/2024	<b>5</b> Name of person from whom amount is received Amazon	<b>8</b> Amount (\$) \$37.78
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Seattle, WA 98109	
	<b>7</b> Purpose for which amount is received Item returned to company <input type="checkbox"/> Check if political contribution returned to filer	
<b>Date</b> 08/26/2024	<b>Name of person from whom amount is received</b> Amazon	<b>Amount (\$)</b> \$8.21
	<b>Address of person from whom amount is received; City; State; Zip Code</b>  Seattle, WA 98109	
	<b>Purpose for which amount is received</b> refund from Amazon <input type="checkbox"/> Check if political contribution returned to filer	