CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00088110	sion Filers)	2 Total pages file 1		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Adrienne		MI		JSE ONLY	
NAME					Date Received ELECTRONICA	ALLY FILED	
	NICKNAME	LAST Bell		SUFFIX	10/28/2024		
			. ,		Data Hand dalbumad an	Data Baaturadaad	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 3519 E. Walnut #3465	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Receipt #	Amount	
Change of Address	Pearland, TX 77588				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Adrienne		MI			
	NICKNAME	LAST Bell		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 3519 E. Walnut #3465	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE	
(Residence or Business)	Pearland, TX 77588						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (832) 291-2451	IE NUMBER E	EXTENSION				
8 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded modified	15th day after can appointment (offic	eholder only)	
		<u> </u>		reporting limit	_ · ····ai · · report (/ ····ai	o o , o ,	
9 PERIOD COVERED	Month Day Year 09/27/2024	TH	IROUGH	Month Day 10/26/202	Year 4		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT State Representa			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Bell, Adrienne			14 Filer ID 00088110	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepte These expenditures may ha d officeholders are required t	ve been made without t	he candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIB ES OF LOANS, OR CONTR			S, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$	1,112.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDI	TURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	1,048.80
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	1,453.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		true and	or affirm, under penalty I correct and includes al itle 15, Election Code.			
			A	Adrienne Bell		
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness my hand	d and seal of office.			
Signature of office	er administering	Printed name of office	r administering	Title of offi	cer administer	ng oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 17 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bell, Adrienne 00088110 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,112.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 1,048.80 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

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TO FILER

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	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/17		
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)	
4	Date 10/03/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)			
	Not Employe	d		Not Employed				
	Date 10/26/2024	Full name of contributor out-of-state In Brown, Karla Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00	
	Drincinal occur	Houston, TX 77063 pation / Job title (See Instructions)		Employer (See Instructions	·,			
	Educator			Alief ISD	,,			
	Date 10/12/2024	0/12/2024 Bryan, William)		Amount of Contribution (\$)	\$25.00	
		Buda, TX 78610						
	Principal occu Hospital Edu	pation / Job title (See Instructions) cator		Employer (See Instructions HealthSouth	5)			
	Date Full name of contributor out-of-state PAC (ID#		-)		Amount of Contribution (\$)	\$25.00	
	Principal occu Hospital Edu	pation / Job title (See Instructions)		Employer (See Instructions HealthSouth	5)			
	Date 09/28/2024)		Amount of Contribution (\$)	\$10.00	
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Sr Compass	Aujustei		Mackay Marine				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/17		
2	FILER NAME Bell, Adrienn	e			3	Filer ID (Ethics Commission 00088110	n Filers)	
4	Date 10/12/2024	Fillman, Vanessa Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_	Dringing aggr	Pearland, TX 77581	_	Employer (See Instructions	<u></u>			
8	Not Employe	pation / Job title (See Instructions)	9	Not Employed	·)			
	Date 09/28/2024				Amount of Contribution (\$)	\$50.00		
	Dringing aggr	Pearland, TX 77581		Employer (Coo Instructions	<u></u>			
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:_ 10/21/2024 Floyd, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		Houston, TX 77098						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:_ 10/21/2024 Gallagher, John					Amount of Contribution (\$)	\$4.00	
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 09/28/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Faith Presbyterian Hosp		ıl		
				22.2,23				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	<i>t</i> to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/17		
2	FILER NAME Bell, Adrienn					3	Filer ID (Ethics Commission 00088110	Filers)	
4	Date 10/21/2024	2024 Hillegas, Bob 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00			
8	Principal occur	Houston, TX 77080 pation / Job title (See Instructions	2)		Employer (See Instructions	;) 			
0	Not Employe		·)	9	Not Employed	P)			
	Date 10/14/2024	Full name of contributor Kingshill, Tina Contributor address; City; S)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> s)			
	Not Employed		ĺ		Not Employed	•			
	Date 10/12/2024)		Amount of Contribution (\$)	\$10.00		
		Beaumont, TX 77706							
	Principal occu Not Employe	pation / Job title (See Instructions d	5)		Employer (See Instructions Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:_ 10/12/2024 McDaniel, Craig)		Amount of Contribution (\$)	\$5.00	
	Principal occup Not Employe	pation / Job title (See Instructions d	s)		Employer (See Instructions Not Employed	5)			
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:)		•	Amount of Contribution (\$)	\$1.00			
	Principal occup	pation / Job title (See Instructions	(5)		Employer (See Instructions The VA	s)			
			I						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/17	
2	FILER NAME Bell, Adrienn				3	Filer ID (Ethics Commission 00088110	n Filers)
4	Date 10/12/2024			7	Amount of Contribution (\$)	\$1.00	
_		Oakton, VA 22124	l _a		_		
8	Nursing Asst	pation / Job title (See Instructions)	9	Employer (See Instructions The VA	5)		
	Date 09/28/2024	Full name of contributor Pan, Michael Contributor address; City; Sta				Amount of Contribution (\$)	\$1.00
	Principal occur	Oakton, VA 22124		Employer (See Instructions	·/_		
	Principal occupation / Job title (See Instructions) Nursing Asst			The VA	,		
	09/28/2024 Parra, Jose		out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Pearland, TX 77584					
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions Kinetica Partners	s)		
	09/30/2024 Shih, Helen		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:) Siegle, Caryl Contributor address; City; State; Zip Code Mansfield, TX 75063			Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/17		
2	FILER NAME Bell, Adrienn				3	Filer ID (Ethics Commission 00088110	n Filers)	
4	Date 10/14/2024	Siegle, Caryl 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
_	Delicational	Mansfield, TX 75063		Faralassa (Ossalassa tisas				
8	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)			
	Date 10/02/2024	Sobol, Anne Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occur	Lincoln, MA 01773 pation / Job title (See Instructions)		Employer (See Instructions)			
	Not Employed			Not Employed	,			
	Date 10/20/2024)		Amount of Contribution (\$)	\$5.00	
		Cedar Creek, TX 78612						
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed)			
	Date Full name of contributor out-of-state PAC (ID#: 10/13/2024 Tanner, Louis					Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:) Vincent, Peri Contributor address; City; State; Zip Code Beverly Hills, CA 90212			Amount of Contribution (\$)	\$100.00		
	Principal occu Actor	pation / Job title (See Instructions)		Employer (See Instructions Self)			
			,					

MONE	TARY POLITICAL CONTRIB	SCHEDULE A1	
The Instru	ıction Guide explains how to complete	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/17	
2 FILER NAME Bell, Adrieni			3 Filer ID (Ethics Commission Filers) 00088110
4 Date 10/05/2024	 Full name of contributor out-of-state Provided in the provided out-of-state Provided in the prov	7 Amount of Contribution (\$) \$5.0	
	lowa Colony, TX 77583	<u> </u>	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 10/17	Bell, Adrienne 00088110
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.72	366 Summer Street
		Somerville, ME 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
	40.00	
		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 T. Check if Austin, TX, officeholder living expense
		Service Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/06/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.18	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 T.
		Check if Austin, TX, officeholder living expense Service Fees
		Service Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 11/17	Bell, Adrienne		00088110
4	Date	5 Payee name		
	10/13/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$4.60	366 Summer Street		
		Somerville, ME 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	 `´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Service Fees
			Ļ	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	10/20/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$2.22	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 T.
				Check if Austin, TX, officeholder living expense Service Fees
				Service rees
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ıaht	Office held
	expenditure to benefit C/OI		·9···	Cinco nou
-	Date	Payao nama		
	09/30/2024	Payee name Action Network		
			, do	
	Amount (\$) \$29.00	Payee address; City; State; Zip Co 1900 L Street NW #900	ue	
	Ψ29.00	1300 L Stiect IVW #300		
		Washington , DC 20036		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Email services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
Ļ	rms provided by Texas E	thice Commission www.athice state tv .		Version V// 1.0./8da51f

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

09/30/2024 Aldi	
4 Date 5 Payee name 09/30/2024 Aldi	sion Filers)
09/30/2024 Aldi	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$32.34 3412 E Broadway	
Pearland, TX 77581	
8 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.	
Check if Austin, TX, officeholder living expense	
Refreshments for campaign event.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/21/2024 Canva	
Amount (\$) Payee address; City; State; Zip Code	
\$15.00 3212 E. Cesar Chavez	
Austin, TX 78702	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Software Fees	
Solimate 1 occ	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/21/2024 Exxon	
Amount (\$) Payee address; City; State; Zip Code	
\$28.09 1524 Broadway	
Pearland, TX 77581	
PERPOSE (a) Category (a) Category (b) Description	
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PURPOSE OF Travel In District (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	rict.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	rict.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline for vehicle while traveling in dist Complete ONLY if direct Candidate/Officeholder name Office sought Office held	rict.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline for vehicle while traveling in dist	rict.
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline for vehicle while traveling in dist Complete ONLY if direct Candidate/Officeholder name Office sought Office held	rict.

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 4/8 Rpt: 13/17	Bell, Adrienne 00088110	
4	Date	5 Payee name	
	10/15/2024	Exxon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.41	1524 Broadway	
		Pearland, TX 77581	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gasoline for vehicle while traveling in district.	
		Gasonile for verticle write traveling in district.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
\vdash	Date	Payee name	=
	09/30/2024	Exxon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$27.16	1524 Broadway	
	Ψ21.10	1024 Broadway	
		Pearland, TX 77581	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gasoline expense for vehicle while traveling in	
		district.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to beriefit Great		
	Date	Payee name	
	10/23/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Facebook Ads	
		1 doctor / do	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/8 Rpt: 14/17	2 FILER NAME Bell, Adrienne	3 Filer ID (Ethics Commission Filers) 00088110
4	Date	5 Payee name	
	10/21/2024	Facebook	
6	Amount (\$) \$7.87	7 Payee address; City; State; Zip Code1 Hacker WayMenlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	10/01/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.68	1600 Amphitheatre Pkwy Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T.
		Google suite	TX, officeholder living expense subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/07/2024	Jones, Hubert	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2850 Oak Road	
		Pearland, TX 77584	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense paign services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 15/17	Bell, Adrienne		00088110
4	Date	5 Payee name		<u>'</u>
	09/30/2024	Jones, Hubert		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$250.00	2850 Oak Road		
		Pearland, TX 77584		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign services
				Campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
	expenditure to benefit C/O		9	Cines nea
_	Date	Payee name		
	10/03/2024	Scale to Win		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$35.98	13742 Harper St.	uo	
	400.00	20. 12 marpor et.		
		Santa Ana, CA 92703		
	PURPOSE	ı	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 555		Check if Austin, TX, officeholder living expense
				Software for texting services
	2			25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	10/09/2024	Spangler, Patricia		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$40.00	2850 Oak Road		
		Decidend TV 77504		
		Pearland, TX 77584		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Labor services for campaign work.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 16/17	Bell, Adrienne 00088110
4	Date	5 Payee name
	10/06/2024	Spangler, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	2850 Oak Road
		Pearland, TX 77584
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign services
		Campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
		Payee name
	10/15/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.00	3519 E Walnut
		Pearland, TX 77588
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Box Rental Fee
		DOX Nentai Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name USPS
	10/08/2024	55.5
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	3519 E Walnut
		Pearland, TX 77588
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps for postcard mailers
		Statilps for postcard mailers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			mmittee	Gift/Aw Legal S	deverage Expense vards/Memorials Expense Services nstruction Guide exp	F S		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM	IF					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 17/17	_	Bell, Adrie							00088110	(
4	Date	5	Payee name								
	10/03/2024		USPS								
6	Amount (\$)	7	Payee addr	ess;	City;	State; 2	Zip Code				
	\$33.60		509 Laurel								
			LaMarque	, TX 77	7568						
8	PURPOSE	(a)	Category (See Cate	gories listed at the top of t	this schedu	ule) (b) Description			
	OF EXPENDITURE		Advertising					_		ide of Texas. Com	
								_		, officeholder living	
								Stamps for	posi	card mailers	
9	Complete ONLY if direct expenditure to benefit C/OI	۱ (Candidate/Of	ficehol	der name	Offi	ice sough	t		Office he	eld