

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065891	2 Total pages filed: 33				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Rebecca L.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Bell-Metereau	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 425 San Marcos, TX 78667		ZIP CODE	Date Received ELECTRONICALLY FILED 01/15/2025			
				Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Teresa S.	MI				
	NICKNAME	LAST Hobby	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2131 San Felipe Rd. Houston, TX 77019						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713)	521-3377					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		12	31	2024
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Board Of Education District 5			12 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bell-Metereau, Rebecca L. (Dr.)	14 Filer ID (Ethics Commission Filers) 00065891
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,010.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,984.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,056.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	26,765.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,250.00

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.

Dr. Rebecca L. Bell-Metereau

 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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18 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		19 Filer ID 00065891	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	18,984.75
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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	\$	17,056.17
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	167.03
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	258.10

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$51.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albee, Rene <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$1,030.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$206.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$257.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartoletti, Karen <hr/> 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	7 Amount of Contribution (\$) \$128.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentch, Sue <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Joye <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bower, Douglas <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$257.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Suzanne	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia	Amount of Contribution (\$) \$128.75
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, Julie	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Driftwood, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy	Amount of Contribution (\$) \$128.75
Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Jo Ann	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Elba <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crook, Eleanor <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doggett, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$103.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donoghue, Beverly <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$103.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl, Richard <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellinger, Hunter <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$257.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eoff, Amy <hr/> Contributor address; City; State; Zip Code Luling, TX 78648	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fatzer, Sylvia <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddis, Marilyn <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$257.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbertson, Mark <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$51.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson, Matthew	7 Amount of Contribution (\$) \$103.00
6 Contributor address; City; State; Zip Code Evanston, IL 60201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson, Theresa	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Richard	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron	Amount of Contribution (\$) \$103.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Arthur <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucy <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$103.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenyon, Terry <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$128.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Timothy <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$103.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kush, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeClercq, Terri <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leder, Priscilla <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$51.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Roger <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Doggett For Congress <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Vanessa <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundquist, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78724	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Phillip	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78759		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Linda	Amount of Contribution (\$) \$1,030.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCune, Duane	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Schertz, TX 78154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Stacie	Amount of Contribution (\$) \$103.00
Contributor address; City; State; Zip Code San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menyhert, Steve	Amount of Contribution (\$) \$51.50
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millecam, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78667	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Dinah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$128.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Lynny <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$257.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Sara <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,030.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mount, Shirley <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oxley, Claire	7 Amount of Contribution (\$) \$128.75
6 Contributor address; City; State; Zip Code Boerne, TX 78015-5145		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Maureen	Amount of Contribution (\$) \$128.75
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rath, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arkville, NY 12406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinehr, Bill	Amount of Contribution (\$) \$103.00
Contributor address; City; State; Zip Code Marble Falls, TX 78654		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skerpan-Wheeler, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Courtney	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Jason	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, VA 22202		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulak, Gail	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerlin, Mary Ellen	Amount of Contribution (\$) \$103.00
Contributor address; City; State; Zip Code Kerrville, TX 78028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sward, Mary <hr/> 6 Contributor address; City; State; Zip Code Blanco, TX 78606	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vote PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteside, Patricia <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$257.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mary <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winchell, Anne <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$128.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, Matt <hr/> 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeller, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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.

1	Total pages Schedule F1: Sch: 1/12 Rpt: 19/33	2	FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3	Filer ID (Ethics Commission Filers) 00065891
4	Date 09/29/2024	5	Payee name ActBlue		
6	Amount (\$) \$4.94	7	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Aggregated credit card processing fees		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/16/2024		Payee name Austin AFL-CIO Council		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code PO Box 87 Austin, TX 78767		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AFL-CIO Ad		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/03/2024		Payee name BBA Management		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 12400 W Highway 71, Ste 350-177 Austin, TX 78738		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Music for fundraising 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.

1	Total pages Schedule F1: Sch: 2/12 Rpt: 20/33	2	FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3	Filer ID (Ethics Commission Filers) 00065891
4	Date 09/06/2024	5	Payee name Capitol Broadcasting KMFA-FM		
6	Amount (\$) \$2,356.00	7	Payee address; City; State; Zip Code PO Box 151389 Austin, TX 78715		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental for fundraiser		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 09/25/2024		Candidate/Officeholder name Office sought Office held Payee name Constant Contact, Inc.		
	Amount (\$) \$79.95		Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 10/25/2024		Candidate/Officeholder name Office sought Office held Payee name Constant Contact, Inc.		
	Amount (\$) \$79.95		Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 21/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 11/25/2024	5 Payee name Constant Contact, Inc.	
6 Amount (\$) \$79.95	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2024	Payee name Constant Contact, Inc.	
Amount (\$) \$79.95	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Cornerstone Payment Systems	
Amount (\$) \$5.05	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
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.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 22/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
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4 Date 08/02/2024	5 Payee name Cornerstone Payment Systems
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Cornerstone Payment Systems
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
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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 10/02/2024	Payee name Cornerstone Payment Systems
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Amount (\$) \$76.88	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
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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.

1 Total pages Schedule F1: Sch: 5/12 Rpt: 23/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 11/04/2024	5 Payee name Cornerstone Payment Systems	
6 Amount (\$) \$335.01	7 Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name Cornerstone Payment Systems	
Amount (\$) \$51.75	Payee address; City; State; Zip Code 17822 E 17th St Ste 412 Tustin, CA 92780	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for donations by credit card
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name DeMaris, David	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 1514 W 9th St Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sound & Videography at fundraising 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.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 24/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
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4 Date 08/27/2024	5 Payee name GoDaddy.com
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6 Amount (\$) \$35.16	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name renewal
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Google, Inc.
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Amount (\$) \$30.70	Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email
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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 08/05/2024	Payee name Google, Inc.
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Amount (\$) \$30.70	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email
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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.

1	Total pages Schedule F1: Sch: 7/12 Rpt: 25/33	2	FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3	Filer ID (Ethics Commission Filers) 00065891
4	Date 09/05/2024	5	Payee name Google, Inc.		
6	Amount (\$) \$30.70	7	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/07/2024		Payee name Google, Inc.		
	Amount (\$) \$17.91		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2024		Payee name Google, Inc.		
	Amount (\$) \$15.35		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email		
		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.

1 Total pages Schedule F1: Sch: 8/12 Rpt: 26/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 12/05/2024	5 Payee name Google, Inc.	
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name James, Lawrence	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 7960 Pepper Trl San Antonio, TX 78244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering at fundraising event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name James, Lawrence	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 7960 Pepper Trl San Antonio, TX 78244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering at fundraising event
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.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 27/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/30/2024	5 Payee name Martinez, Carlos	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 12323 Havelock Dr Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography at fundraising event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Saraga, Jonathan	
Amount (\$) \$512.95	Payee address; City; State; Zip Code 433 E 82nd St Apt. 4E New York, NY 10028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Musical performance at fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Saraga, Jonathan	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 433 E 82nd St Apt. 4E New York, NY 10028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Musical performance at fundraiser
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.

1 Total pages Schedule F1: Sch: 10/12 Rpt: 28/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 10/04/2024	5 Payee name Saraga, Jonathan	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 433 E 82nd St Apt. 4E New York, NY 10028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Musical performance at fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name SmartMail of Austin	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2011 Anchor Ln Austin, TX 78723	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Address file update for fundraising mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Spec's Beverages	
Amount (\$) \$77.91	Payee address; City; State; Zip Code 5775 Airport Blvd #100 Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages for Fundraing event
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.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 29/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/20/2024	5 Payee name Texas Alcoholic Beverage Commission	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code PO Box 13127 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beer and wine license for fundraising event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Texas Parent PAC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 303010 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation to support pro public education candidates
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name United States Postal Service	
Amount (\$) \$182.00	Payee address; City; State; Zip Code 900 Bugg Ln Ste 110A San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box rental for campaign
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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 30/33	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/16/2024	5 Payee name Worley Printing Company	
6 Amount (\$) \$748.01	7 Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations to fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)	3 Filer ID (Ethics Commission Filers) 00065891
4 Date 09/13/2024	5 Payee name Self Financial, Inc	
6 Amount (\$) 121.27	7 Payee Address; City; State; Zip 901 E 6th St, Suite 400 Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fraudulent charges	(b) Description (See instructions regarding type of information required.) Possible fraudulent charges discovered oj 1/15/25
Date 09/13/2024	Payee name Self Financial, Inc	
Amount (\$) 45.76	Payee Address; City; State; Zip 901 E 6th St, Suite 400 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fraudulent charges	(b) Description (See instructions regarding type of information required.) Possible fraudulent charges discovered oj 1/15/25

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 32/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 07/18/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$1.51
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	7 Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/19/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.72
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/19/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.53
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/18/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.05
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/20/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.25
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 33/33
2 FILER NAME Bell-Metereau, Rebecca L. (Dr.)		3 Filer ID (Ethics Commission Filers) 00065891
4 Date 12/18/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$1.03
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	7 Purpose for which amount is received Interest on campaign checking account	
<input type="checkbox"/> Check if political contribution returned to filer		
Date 09/16/2024	Name of person from whom amount is received Kikoff Lending, LLC	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code New York, NY 94111	
	Purpose for which amount is received Nominal deposit for account verification possibly related to fraudulent charges on schedule I	
<input type="checkbox"/> Check if political contribution returned to filer		
Date 11/21/2024	Name of person from whom amount is received Saraga, Jonathan	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10028	
	Purpose for which amount is received Reimbursement for obtaining campaign video permission	
<input type="checkbox"/> Check if political contribution returned to filer		