CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	this form.	Filer ID (Ethics Commis 00067547	ssion Filers)	2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable Ce	ecil I.			Date Received	
TW WIL					ELECTRONICA	ULV EILED
						ALLI FILED
		ST		SUFFIX	01/15/2025	
	Be	ell		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY	/· ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 819					
ADDRESS					Receipt #	Amount
Change of Address	Magnolia, TX 77355					
	Wagnona, 17, 11333				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		RST		MI		
NAME	Mrs. Sa	ra L.				
	NICKNAME LAS	ST		SUFFIX		
	Tay	ylor				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	AP1	/ SUITE #; CIT	Y; STA	TE; ZIP CODE
TREASURER ADDRESS	27003					
	Lavaca Trails					
(Residence or Business)	Magnolia, TX 77355					
	Magnetia, 170 1 200					
7 CAMPAIGN	AREA CODE PHONE N	IUMBER EX	XTENSION			
TREASURER PHONE	(281) 770-4006					
THOME						
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before el	lection \square	Exceeded modified	Final Report (Atta	
		our day belore el		reporting limit	Timal respons (villa	on Grottitty
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	07/01/2024	THE	ROUGH	12/31/20		
	3173172321			12/01/20	J	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	│	mary	Runoff	Other	
		☐ ☐ Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative District 3	3		State Represe	ntative District 3	
		ദവ സ	O PAGE 2			
		55 1	O I AGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Bell Jr., Cecil I. (The	Honorable)	14 Filer ID (00067547	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	Texas Alliance for Life PAC						
		COMMITTEE ADDRESS						
	SPECIFIC	8000 Centre Park Drive Suite 380						
		Austin, TX 78754						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Shaw, James						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		4505 Corazon Cv						
		Round Rock, TX 78681						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 87,300.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 26,240.24				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 78,199.98				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 82,140.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Hone	orable Cecil I. Bell Jr					
		Signature of	Candidate or Officehol	der				
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 and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

C	SOVER SHEET PG 3 3 of 36
18 FILER NAME Bell Jr., Cecil I. (The Honorable) 19 Filer ID 00067547	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 86,950.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,240.24
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/36	
2	FILER NAME Bell Jr., Ceci	I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	n Filers)
4	Date 10/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deireitad	AUSTIN, TX 78767	O. Faralassa (Ocalisata atica			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	LAKEWAY, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions)		
	i illoipai oooa	salion, con the (con mondations)	Employer (eee medicalene	,		
	Date 11/14/2024	Full name of contributor ut-of-state PAC (ID#:_ ASSOCIATED BUILDERS & CONTRACTORS C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	HOUSTON, TX 77092 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ ASSOCIATED GENERAL CONTRACTORS OF Contributor address; City; State; Zip Code AUSTIN, TX 78768			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ American Pharmacy, Inc. GPAC Contributor address; City; State; Zip Code Corpus Christi, TX 78401)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/36	
2	FILER NAME Bell Jr., Ceci	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 10/02/2024	 Full name of contributor out-of-state PAC (ID#:_BEEF-PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AMARILLO, TX 79106 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	T morpar occu	pation / cos title (cos mondotone)	2 Employer (eee meadeach)	,		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i ilicipai occu	pation / sob title (see instructions)	Employer (See Instructions	,		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ BLACKRIDGE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_BNSF RAIL PAC Contributor address; City; State; Zip Code FORT WORTH, TX 76161			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_BOATING TRADES ASSOCIATION OF METRO Contributor address; City; State; Zip Code HOUSTON, TX 77054) DPOLITAN HOUSTON		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/36	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ CHARTER COMMUNICATIONS INC, TEXAS P 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ CHARTER SCHOOLS NOW PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2024	Full name of contributor X out-of-state PAC (ID#: CHEVERON EMPLOYEES PAC Contributor address; City; State; Zip Code SAN RAMON, CA 94583	C00035006)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ CHOCTOW NATION OF OKLAHOMA Contributor address; City; State; Zip Code DURANT, OK 74702			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ COATS ROSE, P.C. PAC Contributor address; City; State; Zip Code HOUSTON, TX 77046			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/36	
2	FILER NAME Bell Jr., Ceci	il I. (The Honorable)		3 Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/14/2024	Full name of contributor		7 Amount of Contribution (\$)	\$1,000.00
_		AUSTN, TX 78703			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ DAVIS, CHESTER Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00
		BUDA, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions)		
	OWNER		AMERICAN FIREWORK	KS ·	
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ DAVIS, LAURA Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00
		HOUSTON, TX 77024			
	Principal occu PARTNER	pation / Job title (See Instructions)	Employer (See Instructions) SK LAW	5)	
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ DELISI COMMUNICATIONS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Dow Inc. PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	; s)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/36	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/27/2024	5 Full name of contributor out-of-state PAC (ID#:_ HCA TEXAS GOOD GOVERNMANT FUND 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
0	Principal occu	DALLAS, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_HILLCO PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions			
	Timolpai occa	pation 7 cos title (ecc metadotorio)	Employer (eee medacione	,		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ HOLLAND AND KNIGHT TEXAS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		DALLAS, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_HOMEPAC OF TEXAS, TEXAS ASSOCIATION Contributor address; City; State; Zip Code AUSTIN, TX 78701	OF BUILDERS		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_HOUSTON ASSOCIATED GENERAL CONTRACONTRIBUTION CONTRIBUTION (ID#:_State; Zip Code HOUSTON, TX 77092	CTORS PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/36	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	n Filers)
4	Date 12/16/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	5	AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
		EAGLE PASS, TX 78852		_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2024	Full name of contributor X out-of-state PAC (ID#: C MCGUIREWOODS FEDERAL PAC Contributor address; City; State; Zip Code	00225342		Amount of Contribution (\$)	\$500.00
	Deinsinal assu	RICHMOND, VA 23219	Franks var (Caa kaatu ationa	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_MCMORRIES, BRANDON Contributor address; City; State; Zip Code MIDLAND, TX 79710			Amount of Contribution (\$)	\$250.00
	Principal occu REAL ESTS	pation / Job title (See Instructions) TE AGENT	Employer (See Instructions THE REAL ESTATE CO		PANY	
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ MOAK CASEY PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A	1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/36	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission Filers 00067547	s)
4	Date 12/10/2024	 Full name of contributor		7	Amount of Contribution (\$) \$2,00	0.00
8	Principal occu	DALLAS, TX 75202 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,00	0.00
	Principal occu	AUSTIN, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: POLITICAL ACTION COMMITTEE OF WINSTEA Contributor address; City; State; Zip Code	-		Amount of Contribution (\$) \$1,00	0.00
	Principal occu	DALLAS, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: Political Action Committee of The Independent In Contributor address; City; State; Zip Code Austin, TX 78768	ū		Amount of Contribution (\$) \$50	0.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#: RED ROCK TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$) \$75	0.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/36	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commissi 00067547	on Filers)
4	Date 11/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ RYDMAN, JOHN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dringing agg	HOUSTON, TX 77007	Employer (Coo Instructions	<u></u>		
	PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions SPEC'S WINE SPIRITS		NER FOODS	
	Date 12/16/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	i illopai occa	pation / oob title (ooc monactions)	Employer (See Manachoria	3)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC - State Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$22,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/36	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/27/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	Daine in all a second	AUSTIN, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: TEXAS AGGREGATES AND CONCRETE ASSOCIATION CONTRIBUTION			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: TEXAS AGRICULTURAL AVIATION ASOCIATION Contributor address; City; State; Zip Code	ON AG-AIR PAC		Amount of Contribution (\$)	\$250.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AGRICULTURAL CO-OP COUNCIL PA Contributor address; City; State; Zip Code ROUND ROCK, TX 78664	C		Amount of Contribution (\$)	\$350.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ALLIANCE FOR CONSERVATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78721			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/36			
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)		
4	Date 11/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00		
0	Dringing! gage	AUSTIN, TX 78754	O Employer (Con Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 TEXAS AND SOUTHWESTERN CATTLE RAISER ASSOC. STATE PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))				
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#: TEXAS APARTMENT ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Timolpai ooda	pation / cos title (cos monastions)	Employor (Goo moadoacho,					
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ASSOCIATION OF CRANE OWNERS F Contributor address; City; State; Zip Code AUSTIN, TX 78716			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))				
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AUTOMOBILE DEALERS ASSOCIATIO Contributor address; City; State; Zip Code AUSTIN, TX 78701	ON PAC		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/36	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS BEVERAGE ALLIANCE 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing occur	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2024 TEXAS BUILDING BRANCH AGC PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS COLLEGE OF EMERGENCY PHYSICI/ Contributor address; City; State; Zip Code	ANS PAC		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DAIRYMEN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78711)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DENTAL ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78704			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/36	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 09/18/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS FORESTRY ASSOCIATION FORESTR 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		LUFKIN, TX 75902				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 TEXAS LAND TITLE ASSOCIATION PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LOBBY STRATEGIES Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS OPTOMETRIC PAC Contributor address; City; State; Zip Code AUSTIN, TX 78705			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/36		
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)	
4	Date 11/14/2024	 Full name of contributor	TERS ACTION	7	Amount of Contribution (\$)	\$750.00	
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 			
_	Date	Full name of contributor out-of-state PAC (ID#:_		,, 	Amount of Contribution (\$)		
	10/02/2024	TXCPA PAC Contributor address; City; State; Zip Code				\$500.00	
	Principal occu	ADDISON, TX 75001 pation / Job title (See Instructions)	Employer (See Instructions	;) 			
	Fillicipal occu	pation / Job title (See Instituctions)	Employer (See Instructions	•)			
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TXTA TRUCKPAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		AUSTIN, TX 75701	1				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor		FFECTIVE		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	WASHINGTON, DC 20005 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 12/20/2024	Full name of contributor x out-of-state PAC (ID#:_UNITED AIRLINES, INC PAC Contributor address; City; State; Zip Code CHICAGO, IL 60606	C00101766)		Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to con	rm.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/36		
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)			3	Filer ID (Ethics Commission 00067547	Filers)
4	Date 11/14/2024	 Full name of contributor out-of veterinarian Political ACT Contributor address; City; State; Zip C 		EE	7	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78754					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 10/02/2024	VISION SOURCE MAGNOLIA Contributor address; City; State; Zip C	of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	MAGNOLIA, TX 77354 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bell Jr., Cecil I. (The Honorable) 00067547 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/12/2024 Rice, Chuck \$350.00 Fundraiser email invitation 7 Contributor address; City; State; Zip Code Austin, TX 78727 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Chuck Rice Group Lobbyist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By 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: 1/18 Rpt: 19/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	08/12/2024	AUSTIN CLUB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$388.53	110 EAST 9TH STREET
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MONTHLY DUES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/26/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.78	110 EAST 9TH STREET
		AUSTIN, TX 78701
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MONTHLY DUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/10/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 EAST 9TH STREET
	φ105.00	110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY DUES
		WONTHELDOES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 2/18 Rpt: 20/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	09/30/2024	AUSTIN CLUB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.00	110 EAST 9TH STREET
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY DUES
		WONTHET BOES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	11/13/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY DUES
		WONTHET DOES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/13/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZABITORZ	Candidate/Officeholder/Political Committee
		EMPLOYEE GRATUITY FUND
_	Operation ONE V. C. F.	On didn't lot for a series of the series of
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Con		Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services		Polling Ex Printing E	kpense Expens			Travel in D Travel Out	istrict of Dist	trict category not listed above)
Credit Card Payment				The Instruction Guid	de explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID		(Ethics Commission Filers)
	Sch: 3/18 Rpt: 21/36		Bell Jr., Ced	cil I. (The Honoral	ble)				1	000675	47	
4	Date	5	Payee name									
	11/13/2024	ı	AUSTIN CL	.UB								
_		┡			Ctata	Zin Ca	ode					
6	Amount (\$)	ı	Payee addres		State;	Zip Co	ue					
	\$300.00		TT0 EA21 8	TH STREET								
L		L	AUSTIN, TX	K 78701								
8	PURPOSE			ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=				olete Schedule T.
								Check if Austin				expense
								FREPATIE	ΛK	LIDUE	ی	
Ļ							<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Office	ceholder name	0	office sou	ught			Offic	e he	ld
	Date		Payee name									
	12/04/2024		AUSTIN CL	.UB								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$479.13	l	•	TH STREET	,	•						
			AUSTIN, TX	K 78701								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Expe	nse				Check if travel Check if Austin				olete Schedule T.
								AUSTIN CLU			iiviiiy	елренэ с
								, COTTIN OLC	ا ب.	_ v		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	lapt			Offic	e ho	ld
	expenditure to benefit C/O		oa iaiaate/OIII	conduct flattic	O	cc 300	agrit			Oilic	116	ıu
_		_										
	Date		Payee name									
L	07/05/2024	L	CITY OF AL	JSTIN								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$89.87		P.O. BOX 2	267								
			AUSTIN, TX	K 78783								
	PURPOSE				ton of this set	adula)	(b)	Description				
	OF	ı		ee Categories listed at the head/Rental Expe		euule)	(~)		outsi	de of Texas.	Comp	olete Schedule T.
	EXPENDITURE		Cinico Oven	neau/Nemai Expe	31130			X Check if Austin				
								UTILITIES				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ıght			Offic	e he	ld
	expenditure to benefit C/OH	Н										

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	-
1	Sch: 4/18 Rpt: 22/36	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers 00067547	>)
4	Date	5 Payee name	
	08/02/2024	CITY OF AUSTIN	
6	Amount (\$) \$94.60	7 Payee address; City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783	
8	PURPOSE	(a) Catagon (h) Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/03/2024	CITY OF AUSTIN	
	Amount (\$) \$98.54	Payee address; City; State; Zip Code P.O. BOX 2267	
		AUSTIN, TX 78783	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	X Check if Austin, TX, officeholder living expense	
		AUSTIN APT UTILITIES	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/04/2024	CITY OF AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.28	P.O. BOX 2267	
		AUSTIN, TX 78783	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		AUSTIN APT UTILITIES	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 23/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	11/04/2024	CITY OF AUSTIN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.09	P.O. BOX 2267
		AUSTIN, TX 78783
8	PURPOSE	In .
Ū	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		AUSTIN APT UTILITIES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	
	Date	Payee name
	12/02/2024	CITY OF AUSTIN
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.06	P.O. BOX 2267
		AUSTIN, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		AUSTIN APT UTILITIES
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/16/2024	CONROE LAKE CONROE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	P.O. BOX 2347
		CONROE, TX 77305
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	¬

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHED Contrar a category not listed above)

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 24/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	12/31/2024	CONSTANT CONTACT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$191.88	1601 TRAPELO ROAD
		WALTHAM , MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		BANK FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	EPROCESSING NETWORK
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.00	1415 N. LOOP WEST SRE. 1185
	Ψ54.00	1413 N. EOOF WEST SKE. 1103
		HOUSTON, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		BANK FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to betterit eyes	
	Date	Payee name
	07/29/2024	FRIENDS OF NRA
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. BOX 203
		HEMPSTEAD, TX 77445
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		FUTURE OF FREEDOM DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/18 Rpt: 25/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	09/12/2024	FeedStor LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/25/2024	FeedStor LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DIGITAL CONSULT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/25/2024	FeedStor LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	s)
L	Sch: 8/18 Rpt: 26/36	\bigsqcup	Bell Jr., Ced	cil I. (The Honor	able)					00067547		
4	Date	5	Payee name									
	09/30/2024		FeedStor LI	LC								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		15619 Pebb	ole Bend Dr								
			Houston, T	X 77068								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		=			plete Schedule T.	
	LA LADITORL							—		officeholder living	g expense	
								DIGITAL CON	V)	ULI		
_	Complete ONLY if direct	<u> </u>	Candidate /Off:	coholder neme		Office com	ah+			Office h	old	
9	Complete ONLY if direct expenditure to benefit C/OI		zariuluate/Oπi	ceholder name		Office sou	gnt			Office n	eiu	
	Date		Payee name									
	10/24/2024		GREATER	EMC CHAMBEI	R							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$330.00		21575 HIGH	HWAY 59 NORT	ΓΗ STE 100)						
			NEW CANE	EY, TX 77357								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees			•					plete Schedule T.	
								Check if Austin, YEARLY MEN		officeholder living		
								I EARLY WE	IVID	LKOUIL D(JLO	
\vdash	Complete ONLY if direct	<u> </u>	`andidato/∩ffi	ceholder name		Office sou	aht			Office h	2ld	
	expenditure to benefit C/Ol		on whate/OIII	conduct name		mice sou	grit			Office II	Jiu	
\vdash	Data	<u> </u>	Dever - ::									
	Date 12/06/2024		Payee name	EMC CHAMBEI	D							
						7:	-1.					
	Amount (\$)		Payee addre			Zip Co	ae					
	\$30.00		∠±5/5 HIGI	HWAY 59 NORT	IH 21F 100	1						
			NEW CANE	EY, TX 77357								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense							plete Schedule T.	
								LUNCHEON	, TX,	officeholder living	g expense	
								LUNCHEUN				
_	Complete ONLY if direct	Щ	`andidata/∩#i	ceholder name		Office sou	aht			Office h	ald.	
	expenditure to benefit C/O		anulate/OIII	CONDINCT HAITIE	C	ATTICE SUU	yııl			Onice II	u	

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/Politica Credit Card Payment	al Committe	Gift/A ee Legal The	Beverage Expense wards/Memorials Exp Services Instruction Guide			xpense Vages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:								3	Filer ID	(Ethics Commission Filers)	
L	Sch: 9/18 Rpt: 27/36	Bel	l Jr., Cecil I. (The Honorab	ole)					00067547		
4	Date	5 Pay	ree name									
	11/25/2024	GR	EATER MAG	NOLIA PARK	KWAY CH	AMBEF	R OF	COMMERCE	Ξ			
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de					
	\$250.00	P.C	D. BOX 399									
		MA	GNOLIA, TX	77353								
8	PURPOSE	(a) Cat	egory (See Cate	egories listed at the t	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Co	ntributions/Do	onations Made	е Ву			=			plete Schedule T.	
		Ca	ndidate/Office	eholder/Politic	al Commi	ttee		Check if Austin, DONATION 2		officeholder living		
								DOINATION 2	_02	O AWARDS		
9	Complete ONLY if direct	Cand	lidate/Officeho	lder name		ffice sou	aht			Office he	5lq	
9	expenditure to benefit C/O		iidate/Onicefil	aci name		c 50u	giil			Office III	Jiu	
	Date	Pay	ree name					<u> </u>				
	12/06/2024	GR	EATER MAG	NOLIA PARK	KWAY CH	AMBEF	ROF	COMMERCE	Ξ			
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$300.00	P.C	D. BOX 399									
		MA	GNOLIA, TX	77353								
	PURPOSE	(a) Cat	egory (See Cate	egories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Fee									plete Schedule T.	
								Check if Austin, MEMBERSHI		officeholder living	g expense	
								INCIDERSU	ır L	JULU		
\vdash	Complete ONLY if direct	Cand	lidate/Officeho	lder name		ffice sou	aht			Office he	5lq	_
	expenditure to benefit C/O			adi name	O	c 30u	Air			Office III	51 u	
-	Date	Da:	100 ncm2									_
	Date 12/09/2024	1 1	ree name GNOLIA REI	PUBLICAN CI	LUB							
_						7i 0	d-					
	Amount (\$)	1 1	ree address;	City;	State;	Zip Co	ae					
	\$500.00	313	355 FRIENDS	אחור מא								
		МА	GNOLIA, TX	77355								
	PURPOSE	(a) Cat	egory (See Cate	egories listed at the t	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			onations Made				—			plete Schedule T.	
		Ca	ndidate/Office	eholder/Politic	al Commi	ttee		Check if Austin, DONATION	, гХ,	officeholder living	g expense	
								DOIN (TION				
	Complete ONLY if direct	Cann	lidate/Officeho	der name		ffice sou	aht			Office he	5ld	_
	expenditure to benefit C/O			aci name	O	mee sou	giit			Office III	Jiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By 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: 10/18 Rpt: 28/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	10/23/2024	MAGNOLIA SUPPORT GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	19100 UNITY PARK DR
		MAGNOLIA, TX 77353
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		DONATION
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	12/31/2024	PAYSAFE
	Amount (\$)	Payee address; City; State; Zip Code
	\$449.70	P.O. BOX 8339
		THE WOODLANDS, TX 77387
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		BANK FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	PLANTERSVILLE TOWN HALL
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. BOX 37
		PLANTERSVILLE, TX 77363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITURE	Candidate/Officeholder/Political Committee
		2024 TOWN HALL EVENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T.1 6111=:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1	Total pages Schedule F1: Sch: 11/18 Rpt: 29/36	2 FILER NAME Bell Jr., Cecil I. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name	•
	07/01/2024	RESIDENTS AT THE TRIANGLE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,128.54	4600 W. GUADALUPE STREET	
		AUSTIN, TX 78751	
8	PURPOSE	(a) Cotagon (h) Description	
١	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pontal Expanse	I ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise	Austin, TX, officeholder living expense
			APARTMENT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/02/2024	RESIDENTS AT THE TRIANGLE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,398.55	4600 W. GUADALUPE STREET	
		AUSTIN, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Office Overficad/Nertial Expense	ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense
		AUSTINA	API KENI
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/03/2024	RESIDENTS AT THE TRIANGLE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,392.94	4600 W. GUADALUPE STREET	
	. ,		
		AUSTIN, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if A	Austin, TX, officeholder living expense
		AUSTIN	APT RENT
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	ı	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor			OTHER (enter a category not listed above)				
	Credit Card F dyment		The Instruction Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 12/18 Rpt: 30/36	Bell Jr., Ce	cil I. (The Honorable)					00067547		
4	Date	5 Payee name)							
	10/02/2024	RESIDENT	S AT THE TRIANGLE							
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	de					
	\$2,403.19	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
8	PURPOSE	(a) Category (a)	See Categories listed at the top of this so	de e els d'es	(b)	Description				
•	OF		rhead/Rental Expense	rnedule)	(~)	:	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		— ф			X Check if Austin	, TX	, officeholder living	expense	
						AUSTIN APT	RI	ENT		
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	n								
	Date	Payee name	;							
	11/01/2024	RESIDENT	S AT THE TRIANGLE							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	de					
	\$2,404.58	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
	PURPOSE	(a) Category (s	See Categories listed at the top of this so	:hedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expense	ŕ		ш		ide of Texas. Com		
	EXI ENDITORE					_		, officeholder living	expense	
						AUSTIN APT	KI	±N I		
	Operation ONE V # discort	0 11 - 1 - 1 - 1 - 1	CII-I	04:				O#: I	.1-1	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnı			Office he	eia	
		г								
	Date	Payee name								
	12/01/2024		S AT THE TRIANGLE							
	Amount (\$)	Payee addre		e; Zip Co	de					
	\$2,403.31	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
	PURPOSE OF		See Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense					ide of Texas. Com _l , officeholder living		
						AUSTIN APT			одреное	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI				-					

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: Sch: 13/18 Rpt: 31/36	2 FILER NAME Bell Jr., Cecil I. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067547
4	Date 10/23/2024	5 Payee name SHAKEFX, LLC		•
6	Amount (\$) \$81.19	7 Payee address; City; State; Zip Co 541 Phillips Dr.	ode	
		Boca Raton, FL 33432		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL CONSULT
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 07/29/2024	Payee name SPECTRUM		
	Amount (\$) \$294.08	Payee address; City; State; Zip Co P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN APT CABLE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 08/26/2024	Payee name SPECTRUM		
	Amount (\$) \$304.75	Payee address; City; State; Zip Co P.O. BOX 60074	ode	
		CITY OF INDUSTRY, CA 91716-0074		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN APT CABLE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/18 Rpt: 32/36 Bell Jr., Cecil I. (The Honorable) 00067547 4 Date Payee name 09/30/2024 **SPECTRUM** 6 Amount (\$) Payee address; City; State; Zip Code \$304.43 P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense **AUSTIN APT CABLE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2024 **SPECTRUM** Amount (\$) Payee address; City; State; Zip Code \$304.43 P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** TX Check if Austin, TX, officeholder living expense **AUSTIN APT CABLE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2024 **SPECTRUM** Amount (\$) Payee address: City: State; Zip Code \$304.43 P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **AUSTIN APT CABLE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 33/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date 12/23/2024	5 Payee name SPECTRUM
6	Amount (\$) \$304.43	7 Payee address; City; State; Zip Code P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN APT CABLE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2024	Shake FX, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.85	541 Phillips Dr.
		Boca Raton, FL 33432
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIGITAL CONSULT
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	TEXAS SPECIAL CHILDERNS PROJECT
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 808 RUSSELL PALMER RD
		KINGWOOD, TX 77339
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION
	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 16/18 Rpt: 34/36	Bell Jr., Cecil I. (The Honorable) 00067547
4 Date	5 Payee name
11/25/2024	TEXAS SPECIAL CHILDERNS PROJECT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	6942 FM 1960 RD E #396
	HUMBLE, TX 77346
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	CHRISTMAS SPONSORSHIP
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/29/2024	VERIZON WIRELESS
Amount (\$)	Payee address; City; State; Zip Code
\$87.58	P.O. BOX 489

	NEWARK, NJ 07101-0489
DUDDOGE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	CAMPAIGN PHONE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/07/2024	VERIZON WIRELESS
Amount (\$)	Payee address; City; State; Zip Code
\$90.68	P.O. BOX 489
	NEWARK, NJ 07101-0489
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
	CAMPAIGN PHONE
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter 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: 17/18 Rpt: 35/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	09/12/2024	VERIZON WIRELESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.66	P.O. BOX 489
		NEWARK, NJ 07101-0489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
		CANNI ANGIVI HOIVE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	10/23/2024	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.70	P.O. BOX 489
	Ψ03.70	1 .O. BOX 400
		NEWARK NJ 07404 0400
		NEWARK, NJ 07101-0489
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONE
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/14/2024	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.74	P.O. BOX 489
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		NEWARK, NJ 07101-0489
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONE
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/18 Rpt: 36/36	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	12/16/2024	VERIZON WIRELESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.72	P.O. BOX 489
		NEWARK, NJ 07101-0489
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONE
		G, WII / WORLT FIGURE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Woodforest Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	4055 Corporate Drive Ste. 100
		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STATEMENT FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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