FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083895 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Teiva J. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Bell CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael A. NAME NICKNAME LAST **SUFFIX** Pender Sr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 444-2733 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 339 Harris

Forms provided by Texas Ethics Commission

GO TO PAGE 2
www.ethics.state.tx.us

Version V4.1.0.f10d0fd8

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Bell, Teiva J. (The Ho	onorable)	14 Filer ID 00083895	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officed consent. Candidates and officeholders are required to report this information only if they receive not							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	(S)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00				
	\$ 1,452.53							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,962.02				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 50,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Ho	norable Teiva J. Bell					
			f Candidate or Officeho					
AFFIX NO	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subso	ribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		3 of 8		
l	ER NAN II, Teiva	(Ethics Commission Filers)		
l	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1,452.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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 (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ategory not listed above)
1	Total pages Schedule F1:	·	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 4/8	Bell, Teiva J. (The Honorable) 00083895	,
4	Date	5 Payee name	
	06/01/2025	FIESTA EN GUADALAJARa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$345.87	3522 Irvington	
		Houston, TX 77009	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
		Court	xpense
		Court	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u></u>
9	expenditure to benefit C/OI		,
_			
	Date	Payee name	
	06/27/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.43	3111 Woodbridge	
		Houston, TX 77087	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Comple	
		Check if Austin, TX, officeholder living e Candy for community event	xpense
		Sandy for community event	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		•
_	Date	Pouce name	
	04/26/2025	Payee name Joey Uptown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$502.66	045 Westheimer Rd Suite X01	
		Houston, TX 77056	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Comple	
		Court	хрепзе
Н	Complete ONLY if direct	L Candidate/Officeholder name Office sought Office held	 L
	expenditure to benefit C/OI		
H			
l			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/8	Bell, Teiva J. (The Honorable)	00083895	
4	Date	5 Payee name		•
	03/27/2025	Shipleys Donuts		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$41.17	3726 Scott Street		
		Houston, TX 77004		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Event Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Jury Breakfast
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	04/23/2025	Texas Board		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$200.00	505 E Huntland Drive		
		Suite 400		
		houston, TX 78752		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
	ZXI ZXIDITORZ			Check if Austin, TX, officeholder living expense
				Board Certification Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		JIII	Office field
	D .			
	Date	Payee name		
	04/23/2025	Texas Board		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$250.00	505 E Huntland Drive		
		Suite 400		
		houston, TX 78752		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Judicial Board Certification exam
				dadicial Board Germoaton exam
	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/Ol	•	9.11	Office field

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 6/8	Bell, Teiva J. (The Honorable)	00083895
4	Date	5 Payee name	
	04/25/2025	Tiffs Treats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$26.40	1333 old spanish trail	
		Houston, TX 77054	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	01/27/2025	Wood Forest Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	P.O. Box 7889	
		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. Check if Austin, TX, officeholder living expense
			Paper statement fee
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/27/2025	Wood Forest Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	P.O. Box 7889	
		Woodlands, TX 77387	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	7.000ammig/2ammig	Check if Austin, TX, officeholder living expense
			Paper statement fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft G/OI	,	

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form	m.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/5 Rpt: 7/8	Bell, Teiva J. (The Honorable)		00083895	
4	Date	5 Payee name			
	03/27/2025	Wood Forest Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.00	P.O. Box 7889			
		Woodlands, TX 77387			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on .		
	OF	· · · · · · · · · · · · · · · · · · ·		ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if		, officeholder living	expense
		Paper fe	ee		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit G/O	<u>'</u>			
	Date	Payee name			
	03/27/2025	Wood Forest Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	P.O. Box 7889			
		Woodlands, TX 77387			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on .		
	OF	Accounting/Banking	f travel outs	ide of Texas. Com	
	EXPENDITURE	Check if		, officeholder living	expense
		Statemen	nt fee		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	05/27/2025	Wood Forest Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	P.O. Box 7889			
		Woodlands, TX 77387			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on		
	OF			ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if		, officeholder living	expense
		Statemen	nt Fee		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experience to beliefit 6/01	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/8		Bell, Teiva	J. (The Honoral	ble)				00083895	
4	Date	5	Payee name	<u> </u>						
	06/27/2025		Wood Fore							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Code				
ľ	\$3.00	ľ	P.O. Box 7		Otato,	, <u> </u>				
	φο.σσ		1 .O. Box 1	000						
			Woodlands	s, TX 77387						
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	nedule) (b)	Description			
	OF EXPENDITURE		Accounting				_		ide of Texas. Com	
							Statement F		, officeholder living	expense
							Statement	ee		
Ļ	0 1: 0.11.7.7.1.		0 11 1 101	· 1 11		200			0.00	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(Office sought			Office he	ela .