CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00065891		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	Dr.	Rebecca L.			Date Received ELECTRONICA	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/15/2025	
		Bell-Metereau				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 425				Receipt #	Amount
Change of Address	San Marcos, TX 78667					
onalige of radiose	San Warcos, 1X 70007				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER NAME	Ms.	Teresa S.				
	NICKNAME	LAST		SUFFIX		
	INICKNAME	Hobby		SUFFIX		
		Повоу				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	2131 San Felipe Rd.					
(Residence or Business)	Houston, TX 77019					
	Houston, 17 17019					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(713) 521-3377					
PHONE	,					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam	
		-			appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Board Of Education	District 5		State Board Of E	Education District	5
	1			<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Bell-Metereau, Rebed	cca L. (Dr.)	14 Filer ID (I 00065891	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N DI EDGES I OANS	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,597.06
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 22,172.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 2,250.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
			ecca L. Bell-Metereau Candidate or Officeholo	
		Signature of	Candidate of Officerion	ici
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 11 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00065891 Bell-Metereau, Rebecca L. (Dr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 4,597.06 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

orean oard raymone	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commiss	sion Filers)
Sch: 1/8 Rpt: 4/11	Bell-Metereau, Rebecca L. (Dr.)		00065891	
4 Date	5 Payee name	•		
02/03/2025	Alfred Stanley & Assocates			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$2,847.71	PO Box 5674			
	Austin, TX 78763			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Solicitation/Fundraising Expense		utside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Fundraising		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
'				
Date	Payee name			
06/26/2025	Brigid Shea Campaign			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$250.00	PO Box 5674			
	Austin, TX 78763			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	ш	utside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Political donat	TX, officeholder living expense	
		i omioai dona		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/OI		5		
Date	Payee name			
01/27/2025	Constant Contact, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$79.95	1601 Trapelo Rd	ue		
Ψ10.00	1001 Hapelo Na			
	Waltham, MA 02451			
DUDDOGE		(1-)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel or	utside of Texas. Complete Schedule T.	
EXPENDITURE	Internet Services	ш	TX, officeholder living expense	
		Email Marketi	ng Software	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/8 Rpt: 5/11	Bell-Metereau, Rebecca L. (Dr.) 00065891
4	Date	5 Payee name
	02/25/2025	Constant Contact, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/25/2025	Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Internet Services (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	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: 3/8 Rpt: 6/11	Bell-Metereau, Rebecca L. (Dr.) 00065891
4	Date	5 Payee name
	05/27/2025	Constant Contact, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Dayso nama
	06/25/2025	Payee name Constant Contact, Inc.
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Email Marketing Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/02/2025	Cornerstone Payment Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	17822 E 17th St Ste 412
		Tustin, CA 92780
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees for donations by credit-card
		r rocessing lees for donations by credit-card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

	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: 4/8 Rpt: 7/11	Bell-Metereau, Rebecca L. (Dr.) 00065891
4	Date	5 Payee name
	02/03/2025	Cornerstone Payment Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	17822 E 17th St Ste 412
		Tustin, CA 92780
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees for donations by credit-card
		1 Toccssing lees for donations by credit card
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/03/2025	Cornerstone Payment Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	17822 E 17th St Ste 412
		Tustin, CA 92780
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees for donations by credit-card
		Processing lees for donations by credit-card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	Cornerstone Payment Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	17822 E 17th St Ste 412
		Tustin, CA 92780
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing fees for donations by credit-card
_	Operation ONE VIII II	Open Highest (Office health are nown)
	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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

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			Citt/Awards/Memorials Legal Services	Expense	Salaries/M		e /Contract Labor		OTHER (enter		listed above)
	Credit Card Payment			The Instruction G	ıide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	ommission Filers)
	Sch: 5/8 Rpt: 8/11		Bell-Meterea	au, Rebecca L.	(Dr.)					00065891		
4	Date	5	Payee name					•				
	05/02/2025			Payment Syste	ems							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$5.00		17822 E 171	h St Ste 412								
			Tustin, CA 9	2780								
8	PURPOSE	(a)		e Categories listed at t	an ton of this ask	adula)	(b)	Description				
ľ	OF	(")	Fees	e Categories listed at t	ne top of this sche	eaule)	(~)	Check if travel of	outsi	de of Texas. Co	mplete Schedu	ıle T.
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder livi	ng expense	
								Processing fe	es	for donation	ns by cre	dit-card
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office sou	ght			Office I	neld	
	experialitire to beliefit 6/01											
	Date		Payee name									
	06/02/2025		Cornerstone	Payment System	ems							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$19.99		17822 E 17t	h St Ste 412								
			Tustin, CA 9	2780								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel of				ıle T.
								Check if Austin, Processing fe				dit oard
								Frocessing ie	ccs	ioi donalic	nis by cie	ait-cara
_	Complete ONLY if direct	<u> </u>		ceholder name		Office sou	aht			Office I	neld	
	expenditure to benefit C/O		Janalaate/Onit	cholder flame		mec 30u	giit			Office	iciu	
-	Data	<u> </u>										
	Date 01/06/2025		Payee name Google, Inc.									
					Ctata	7in Co	ما م					
	Amount (\$) \$15.35		Payee addres	•	State;	Zip Co	ae					
	\$15.55		1000 Ampili	theatre Pkwy								
			Marintain Vi	O. O								
		<u> </u>		ew, CA 94043								
	PURPOSE OF	(a)		e Categories listed at t	ne top of this sche	edule)	(b)	Description Check if travel of	outci	do of Toyas Co	mnlata Schadu	ulo T
	EXPENDITURE		Internet Ser	vices				Check if Austin,				ile 1.
								Campaign En				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office I	neld	
	expenditure to benefit C/O	H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac 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 names Oct 11 51	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:)
	Sch: 6/8 Rpt: 9/11	Bell-Metereau, Rebecca L. (Dr.) 00065891	
4	Date	5 Payee name	
	02/05/2025	Google, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.35	1600 Amphitheatre Pkwy	
		Mountain Vious CA 04042	
Ļ	D. IDE	Mountain View, CA 94043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Email	
		Campaign Email	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/05/2025	Google, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.35	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Internet Services (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Email	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
_			
	Date	Payee name	
	04/07/2025	Google, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.35	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Email	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 10/11	Bell-Metereau, Rebecca L. (Dr.) 00065891
4	Date	5 Payee name
	05/05/2025	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Compaign Fmail
		Campaign Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	
	06/05/2025	Payee name Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		M
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Internet Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/22/2025	LBJ Museum of San Marcos
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.30	131 N Guadalupe St
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship of Annual Gala
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Coi		Memorials Expense	Polling Expense Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Card Payment		The Instru	ction Guide explains	how to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 11/11		Bell-Metereau, Rebe	cca L. (Dr.)				00065891	
4	Date	5	Payee name						
	01/29/2025		Texas Comptroller of	f Public Accounts					
6	Amount (\$)	7	Payee address; Cit	ty; State;	Zip Code				
	\$55.87		PO Box 13528, Capi		•				
			•						
			Austin, TX 78711						
١	DUDDOCE	(-)			(h)				
8	PURPOSE OF	(a)	Category (See Categories	listed at the top of this sch	edule) (D)	Description Check if travel	outei	de of Texas. Com	nlete Schedule T
	EXPENDITURE		Event Expense			_		officeholder living	
						Tax on bever	age	e sales at ca	mpaign fundraiser
9	Complete ONLY if direct		Candidate/Officeholder r	name C	Office sought			Office he	eld
	expenditure to benefit C/O	Н							