CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	•	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00067547		23			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Cecil I.			07/29/2025	
		NICKNAME	LAST		SUFFIX	1	
			Bell		Jr.	Date Hand-delivered or	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	pecify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar · ·	Month Day	Year	Data Issaera	
•	COVERED	01/01/2025	THROUGH	06/30/2025	rear	Date Imaged	
6	EXPLANATION OF C			00/00/2020		<u> </u>	
٠		updated to correct the date	of a contribution that	was originally entered	incorrectly Bot	h the original check	and the
7	AFFIDAVIT		and	ear, or affirm, under po correct. ck the box next to any			report is true
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	the 14th busines ginally filed is in t any error or om	ss day after the date accurate or incompl	e I learned ete. I
				The	Honorable Ce	ecil I. Bell Jr.	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsa	rihad hafara ma by the sai	d		thic th	26	day
	of	ribed before me, by the sai , 20, to cer	utify which witness my l	hand and seal of office	, uns u 	ıc	day
	<u></u>	, _5, 10 001	,, wallood my l	and sour or office	-		
	Signature of offic	er administering oath	Printed name of of	fficer administering oa	th 7	Fitle of officer admin	istering oath
	-	-					-

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	· · ·	ID s Commission Filers) 67547	2 Total pages filed: 23
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Ced	cil I.		Date Received
I WWE				ELECTRONICALLY FILED
]
	NICKNAME LAS	ST	SUFFIX	07/29/2025
	Bel		Jr.	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	P.O. Box 819			
MAILING ADDRESS				Receipt # Amount
l <u> </u>	Manualia TV 77055			
Change of Address	Magnolia, TX 77355			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	-
TREASURER NAME	Mrs. Sara	a L.		
INAIVIE				
	NICKNAME LAS	 T	SUFFIX	
	Tay		301117	
	Tay	101		
2 0445404	ATREET ARREST (NO DO DO)	DI EAGE)	4DT / 01 IITE // 01T/	27.175
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	27003			
(Residence or Business)	Lavaca Trails			
(1100.000100 01 200.11000)	Magnolia, TX 77355			
7 CAMPAIGN	AREA CODE PHONE NU	IMBER EXTENSI	ON	
TREASURER PHONE	(281) 770-4006			
8 REPORT				_
TYPE	January 15	Oth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		h day before election	☐ Eveneded modified ☐	-
	X July 15 81	if day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TURQUAL	Month Day	Year -
COVERED	01/01/2025	THROUGH	06/30/202	5
10 ELECTION	ELECTION DATE	l <u> </u>	ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
		"	ш	
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative District 3		State Representa	
	State Representative District 5		State Represent	dive District 3
		GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Bell Jr., Cecil I. (The	Honorable)	Ethics Comm	nission Filers)	
This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidate's or consent. Candidates and officeholders are required to report this information only if they rece				eholder's know	vledge 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 DANS	_	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	46,054.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				82,140.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Use	anabla Casil I Ball In		
			orable Cecil I. Bell Jr Candidate or Officehol		<u></u>
		Ç	Canadate of Officerior	uci	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		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	administerin	g oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 23 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Bell Jr., Cecil I. (The Honorable) 00067547 SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1:	
L	Sch: 1/19 Rpt: 5/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	05/14/2025	BILLY MASDEN CAMPAIGN FUND
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$500.00	P.O. BOX 77
	Ψ300.00	1.0. BOX 11
		MAGNOLIA, TX 77355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		FUNDRAISER DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	Davis verse
	Date	Payee name
	05/30/2025	Bell, Jerry
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,061.00	12515 oak plaza dr
		cypress, TX 77429
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule Texas Complete S
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		REIMBURSEMENT FOR CAPITAL JACKETS
		NEIMBONGEMENT FOR ONE THE ONORETO
\vdash	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/14/2025	CHRIS JONES CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. BOX 52
		
		MACNOLIA TV 77252
		MAGNOLIA, TX 77353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		FUNDRAISER DONATION
	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 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	
1 Total pages Schodule F1:	,
1 Total pages Schedule F1: Sch: 2/19 Rpt: 6/23	Bell Jr., Cecil I. (The Honorable) 00067547
4 Date	5 Payee name
01/02/2025	CITY OF AUSTIN
6 Amount (\$) \$81.68	7 Payee address; City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783
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 AUSTIN APT UTILITIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	CITY OF AUSTIN
Amount (\$)	Payee address; City; State; Zip Code
\$101.36	P.O. BOX 2267
	AUSTIN, TX 78783
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 UTILITIES
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/07/2025	CITY OF AUSTIN
Amount (\$) \$154.47	Payee address; City; State; Zip Code P.O. BOX 2267
	AUSTIN, TX 78783
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 UTILITIES
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 3/19 Rpt: 7/23	Bell Jr., Cecil I. (The Honorable)	,
4	Date	5 Payee name	
	04/07/2025	CITY OF AUSTIN	
6	Amount (\$) \$151.02	7 Payee address; City; State; Zip Code P.O. BOX 2267	
		AUSTIN, TX 78783	
8	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	
		AUSTIN APT UTILITIES	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/05/2025	CITY OF AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.46	P.O. BOX 2267	
	4200		
		AUSTIN, TX 78783	
	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	
		AUSTIN APT UTILITIES	
		//OSTINY/I TOTILITIES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	•	
	Date	Payee name	
	06/02/2025	CITY OF AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$138.24	P.O. BOX 2267	
		AUSTIN, TX 78783	
	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.	
	-	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	
L	experiencie to beliefft 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

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

	Credit Card Payment	The Instruction Guide explains how to comple	,				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/19 Rpt: 8/23	Bell Jr., Cecil I. (The Honorable)	00067547				
4	Date	Payee name					
	01/29/2025	CONROE LAKE CONROE CHAMBER OF COMMI	ERCE				
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$300.00	P.O. BOX 2347					
		CONROE, TX 77305					
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.				
	EXI ENDITORE		Check if Austin, TX, officeholder living expense				
			MONTGOMERY DAY AT THE CAPITAL				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI		Office field				
-	Date	Davisa nama					
	06/30/2025	Payee name CONSTANT CONTACT					
_							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$192.95	1601 TRAPELO ROAD					
)					
		WALTHAM , MA 02451					
	PURPOSE OF	1 , , , , , , , , , , , , , , , , , , ,	Description				
	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	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	H					
	Date	Payee name					
	06/30/2025	EPROCESSING NETWORK					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$90.00	1415 N. LOOP WEST SRE. 1185					
		HOUSTON, TX 77008					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		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				
	- Farment to solitone of of						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/19 Rpt: 9/23	Bell Jr., Ce	cil I. (The Honorable	e)				00067547	
4	Date	5 Payee name							
	01/07/2025	FeedStor L	LC						
6	Amount (\$) \$500.00	7 Payee addre 15619 Pebl	•	State; Zip C	ode				
		Houston, T							
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description		df-T O	ordata Cabarduda T
	EXPENDITURE	Consulting	Expense			므	, TX,	officeholder living	plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/04/2025	FeedStor L	LC						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$500.00	15619 Pebl	ole Bend Dr						
		Houston, T							
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description		df-T O	ordata Cabarduda T
	EXPENDITURE	Consulting	Expense			=		officeholder living	plete Schedule T. g expense
						DIGITAL COI			, . ,
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/29/2025	FeedStor L	LC						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$500.00	15619 Pebl	•	, ,					
		Houston, T	X 77068						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Consulting	Expense					de of Texas. Com officeholder living	plete Schedule T.
						DIGITAL COI			, <u></u>
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	experiorale to belieff C/Of	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
1	Sch: 6/19 Rpt: 10/23	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name
	05/28/2025	FeedStor LLC
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068
8	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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	GREATER MAGNOLIA PARKWAY CHAMBER OF COMMERCE
	Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. BOX 399
		MAGNOLIA, TX 77353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	GREATER MAGNOLIA PARKWAY CHAMBER OF COMMERCE
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. BOX 399
		MAGNOLIA, TX 77353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOLF TOURNAMENT DONATION
	Complete ONLY 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

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: 7/19 Rpt: 11/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	01/29/2025	GRIFFIN & ASSOCIATES LLC
6	Amount (\$) \$759.73	7 Payee address; City; State; Zip Code 801 S HIGHWAY 183 #1143 LEANDER, TX 78641
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense REIMBURSEMENT OFFICE SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	MAGNOLIA AREA SOFTBALL ASSOCIATION
	Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. BOX 57 MAGNOLIA, TX 77355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense SOFTBALL DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	MAGNOLIA ISD
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. BOX 88
		MAGNOLIA, TX 77353
	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 BANQUET 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 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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			kpense /ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/19 Rpt: 12/23	Bell Jr., Ce	ecil I. (The Honorabl	e)					00067547	
4	Date	5 Payee nam	e							
	02/12/2025		Apostolic Tabernacle	е						
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Co	de				
	\$275.00	18235 Fm		,						
		Magnolia,	TX 77353							
8	PURPOSE		See Categories listed at the to	on of this!-	dulo)	(b)	Description			
	OF	Advertising		op of this sched	auie)	(~)		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,					=		officeholder living	
							SPRING FLIN	١G	AD	
L										
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice sou	ght			Office he	eld
	experiorare to benefit C/OF	7								
	Date	Payee nam	e							
	06/30/2025	PAYSAFE								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Co	de				
	\$578.70	P.O. BOX	8339							
		THE WOO	DLANDS, TX 7738	7						
	PURPOSE		See Categories listed at the to		dule)	(b)	Description			
	OF	Accounting		, or and solie!	aaio)	. ,	_ `	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		, 9					, TX,	officeholder living	j expense
							BANK FEES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Of	ffice sou	ght			Office he	eld
L	experientare to beliefit 6/01	<u> </u>								
	Date	Payee nam			-					
	03/24/2025	PLANTER	SVILLE TOWN HAL	_L						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Co	de				
	\$250.00	P.O. BOX	37							
		PLANTER	SVILLE, TX 77363							
	PURPOSE	(a) Category	See Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Contribution	ons/Donations Made	Ву			Check if travel of			plete Schedule T.
	LAFENDITURE		Officeholder/Politica		ttee				officeholder living	g expense
							TABLE SPON	NSC	JR	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice sou	ght			Office he	eld
	onponditure to benefit 6/01	•								

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 9/19 Rpt: 13/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	02/04/2025	POSTMASTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$226.00	815 GOODSON RD
		MAGNOLIA, TX 77355
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 CAMPAIGN MAIL BOX
		ON WITH THOSE WITH THE BOX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/06/2025	RESIDENTS AT THE TRIANGLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,399.49	4600 W. GUADALUPE STREET
		AUSTIN, TX 78751
	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. X Check if Austin, TX, officeholder living expense
		AUSTIN APT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davies name
	02/03/2025	Payee name RESIDENTS AT THE TRIANGLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,406.71	4600 W. GUADALUPE STREET
		AUSTIN, TX 78751
	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.
		X Check if Austin, TX, officeholder living expense AUSTIN APT RENT
		AUSTINAFT REINT
	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		Legal Services	Salaries/W		Contract Labor		OTHER (enter a	category not listed abo	ove)
	Credit Card F dyment		The Instruction Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 10/19 Rpt: 14/23	Bell Jr., Ce	cil I. (The Honorable)					00067547		
4	Date	5 Payee name)							
	03/03/2025	RESIDENT	S AT THE TRIANGLE							
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	de					
	\$2,393.56	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
8	PURPOSE	(a) Category (a)	See Categories listed at the top of this sc	la a alcola N	(b)	Description				
•	OF		rhead/Rental Expense	nedule)	(~)	:	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					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	1								
	Date	Payee name	;							
	04/03/2025	RESIDENT	S AT THE TRIANGLE							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	de					
	\$2,401.32	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expense	,		Check if travel		ide of Texas. Com		
	EXPENDITORE		·			_		, officeholder living	expense	
						AUSTIN APT	RI	ENT		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
		·								
	Date	Payee name								
	05/02/2025	RESIDENT	S AT THE TRIANGLE							
	Amount (\$)	Payee addre		e; Zip Co	de					
	\$2,397.84	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
	PURPOSE	(a) Category (S	See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			_		ide of Texas. Com		
						AUSTIN APT		, officeholder living ⊏NIT	expense	
						AUGITIN AFT	1 \ 1			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/OI		noonolaan name	Cinco 30u	Ailt			Since ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 11/19 Rpt: 15/23	Bell Jr., Cecil I. (The Honorable)	00067547
4	Date	5 Payee name	
	06/03/2025	RESIDENTS AT THE TRIANGLE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,401.29	4600 W. GUADALUPE STREET	
	, , , , , , , , , , , , , , , , , , ,		
		AUSTIN, TX 78751	
_			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	systemide of Toyloo, Commission Cohodule T
	EXPENDITURE	Office Overhead/Nertal Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		AUSTIN APT	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/29/2025	RISTER, AMY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,541.03	6000 SHEPHERD MOUNTAIN COVE #222	
	Ψ1,541.00	0000 SHELLIEND MOONTAIN GOVE #222	
		ALICTINI TV 70700	
		AUSTIN, TX 78730	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onth Wards/ Wellionals Expense	TX, officeholder living expense
		CHAIRMAN (GIFTS FOR INTERGOVERNMENTAL
		AFFAIRS CO	MMITTEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/29/2025	ROTARY CLUB OF MAGNOLIA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$275.00	P.O. BOX 1139	
		MAGNOLIA, TX 77353	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		MEMBERSHI	P DUES
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 12/19 Rpt: 16/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	05/28/2025	SHAKEFX, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.80	541 Phillips Dr.
		Boca Raton, FL 33432
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	SPECTRUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$304.30	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 EXPENDITURE	Office Overhead/Rental Expense
		. Check if Austin, TX, officeholder living expense AUSTIN APT CABLE
		AUSTIN AFT CABLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para a sana
	Date 03/03/2025	Payee name SPECTRUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.61	P.O. BOX 60074
		CITY OF INDUSTRY, CA 91716-0074
	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. 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/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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
				The Instruction G	Guide explains h	ow to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 13/19 Rpt: 17/23		Bell Jr., Cec	il I. (The Hono	rable)					00067547		
4	Date	5	Payee name									
	03/24/2025		SPECTRUM	1								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$326.27		P.O. BOX 6		•	·						
	**											
			CITY OF IN	DUSTRY, CA !	01716-007/							
Ļ	DURROSE	(-)					<i>(</i> 1-)					
8	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description	outoi	do of Toyon Con	anlete Cebedule T	
	EXPENDITURE		Office Over	nead/Rental Ex	pense			므		officeholder livin	nplete Schedule T.	
								AUSTIN APT			g oxponed	
									-			
9	Complete ONLY if direct			ceholder name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O				O.	55 500	a			C00 11		
\vdash	Date	Г	Dove a re-									
			Payee name SPECTRUM	4								
	04/22/2025	L										
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$326.72		P.O. BOX 6	0074								
			CITY OF IN	DUSTRY, CA	91716-0074							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXI ENDITORE							—		officeholder livin	g expense	
								AUSTIN APT	C	ABLE		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	experience to benefit of or											
	Date		Payee name									
	05/27/2025		SPECTRUM	1								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$326.72		P.O. BOX 6	0074								
			CITY OF IN	DUSTRY, CA	91716-0074							
	PURPOSE	(a)	Category	e Categories listed at	the ten of this caba	dula)	(b)	Description				
	OF	``		nead/Rental Ex		uule)	(-,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	road/ (orna: L)	фотос			X Check if Austin,	, TX,	officeholder livin	g expense	
								AUSTIN APT	CA	ABLE		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
I												

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 18/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	01/29/2025	STATE PRESERVATION BOARD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	201 E. 14TH ST SUITE 950
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CAPITAL OFFICE TV
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2025	TEXAS HOUSE REPUBLICAN CAUCUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. BOX 13305
	Ψ1,000.00	1.0. BOX 13303
		AUSTIN, TX 78711
	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 MEMBERSHIP DUES
		WEMBERSHII DOES
	Complete ONL V if direct	Candidata/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	TEXAS SPECIAL CHILDERNS PROJECT
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	6942 FM 1960 RD E #396
		HUMBLE, TX 77346
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		NASA TRIP DONATION
	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 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 19/23	Bell Jr., Cecil I. (The Honorable)	00067547
4	Date	5 Payee name	•
	03/10/2025	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	P.O. Box 2659	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			MEMBERSHIP DUES
_	Operation ONLY if dispose	Open listed (Office helder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	· 		
	Date	Payee name	
	01/07/2025	The 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
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/29/2025	The Austin Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$185.00	110 East 9Th Street	
	¥200.00	220 2400 0 11 0 11 0 11	
		Austin, TX 78701	
	PURPOSE		A Decembring
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Poou/Beverage Expense	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	1	

SCHEDULE F1

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

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	Il 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: 16/19 Rpt: 20/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	03/03/2025	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$281.00	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	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	The 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
		WIONTHET BOES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/29/2025	The 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 Austin, TX, officeholder living expense
		MONTHLY DUES
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 21/23	Bell Jr., Cecil I. (The Honorable)	00067547
4	Date	5 Payee name	
	05/28/2025	The 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	1 ood/Beverage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		MONTHLY E	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
_	Date	Payee name	
	03/03/2025	Travelers Insurance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$347.00	P.O. Box 660307	
		DALLAS, TX 75266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise I	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		l — l —	T INSURANCE
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/07/2025	VERIZON WIRELESS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.72	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 Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
		CAMPAIGN	n, TX, officeholder living expense
]	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il 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: 18/19 Rpt: 22/23	Bell Jr., Cecil I. (The Honorable)
4	Date	5 Payee name
	02/04/2025	VERIZON WIRELESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.73	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.
		CAMPAIGN PHONE
		G/WII / WGIV I I I GIVE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	03/10/2025	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.73	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 travel outside of Texas. Complete Schedule T.
		CAMPAIGN PHONE
		CAMI AIGHT HONE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.73	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
		CAMPAICAL BLICALE
		CAMPAIGN PHONE
	Operation ONE VIII II	Orandidate (Office leaded as a sure
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/19 Rpt: 23/23	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	05/14/2025	VERIZON WIRELESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.71	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONE
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	06/03/2025	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.71	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
		CAMPAIGN FITONE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
-	D-4-	
	Date	Payee name
	06/30/2025	Woodforest Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	4055 Corporate Drive Ste. 100
		Grapevine, TX 76051
	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 STATEMENT FEE
		OTATEMENT I EE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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