

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|--|---|--|--|--------------------------------------|--|
| 1 Filer ID (Ethics Commission Filers) 00067547 | | 2 Total pages filed: 23 | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR FIRST MI The Honorable Cecil I. | | ELECTRONICALLY FILED 07/29/2025 | |
| | | NICKNAME LAST SUFFIX Bell Jr. | | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | | <input type="checkbox"/> Runoff | | Date Hand-delivered or Date Postmarked |
| | <input checked="" type="checkbox"/> July 15 | | <input type="checkbox"/> Exceeded modified reporting limit | | |
| | <input type="checkbox"/> 30th day before election | | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> 8th day before election | | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 5 ORIGINAL PERIOD COVERED | | Month Day Year 01/01/2025 | | THROUGH Month Day Year 06/30/2025 | |
| Receipt # Amount | | | | | |
| Date Processed | | | | | |
| Date Imaged | | | | | |

6 EXPLANATION OF CORRECTION

This report has been updated to correct the date of a contribution that was originally entered incorrectly. Both the original check and the accompanying letter have been reviewed to verify the accurate date, which has now been properly recorded in the system.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Cecil I. Bell Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering 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 this form. | | 1 Filer ID (Ethics Commission Filers) 00067547 | | 2 Total pages filed: 23 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Cecil I. | MI | | |
| | NICKNAME | LAST Bell | SUFFIX Jr. | | |
| OFFICE USE ONLY | | Date Received ELECTRONICALLY FILED 07/29/2025 | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 819 Magnolia, TX 77355 | | | ZIP CODE | |
| | Date Hand-delivered or Date Postmarked | | | | |
| | Receipt # | | Amount | | |
| | Date Processed | | | | |
| Date Imaged | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Sara L. | MI | | |
| | NICKNAME | LAST Taylor | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27003 Lavaca Trails Magnolia, TX 77355 | | | | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| (281) 770-4006 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| 01/01/2025 06/30/2025 | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | | ELECTION TYPE | |
| | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 3 | | | 12 OFFICE SOUGHT (if known) State Representative District 3 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | | | |
|----------------|------------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Bell Jr., Cecil I. (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00067547 | |

| | | |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 32,405.60 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 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 penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Cecil I. Bell Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | | |
|--|-------------------------------------|--|-----------------|
| 18 FILER NAME Bell Jr., Cecil I. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00067547 | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 32,405.60 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/19 Rpt: 5/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 05/14/2025 | 5 Payee name BILLY MASDEN CAMPAIGN FUND | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code P.O. BOX 77 MAGNOLIA, TX 77355 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER DONATION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/30/2025 | Candidate/Officeholder name Bell, Jerry | |
| Amount (\$) \$1,061.00 | Office sought 12515 oak plaza dr cypress, TX 77429 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR CAPITAL JACKETS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/14/2025 | Candidate/Officeholder name CHRIS JONES CAMPAIGN | |
| Amount (\$) \$250.00 | Office sought P.O. BOX 52 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/19 Rpt: 6/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 01/02/2025 | 5 Payee name CITY OF AUSTIN | |
| 6 Amount (\$) \$81.68 | 7 Payee address; City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name CITY OF AUSTIN | |
| Amount (\$) \$101.36 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/07/2025 | Candidate/Officeholder name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/19 Rpt: 7/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 04/07/2025 | 5 Payee name CITY OF AUSTIN | |
| 6 Amount (\$) \$151.02 | 7 Payee address; City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/05/2025 | Candidate/Officeholder name City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783 | |
| Amount (\$) \$104.46 | Payee name CITY OF AUSTIN | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name City; State; Zip Code P.O. BOX 2267 AUSTIN, TX 78783 | |
| Amount (\$) \$138.24 | Payee name CITY OF AUSTIN | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/19 Rpt: 8/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 01/29/2025 | 5 Payee name CONROE LAKE CONROE CHAMBER OF COMMERCE | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code P.O. BOX 2347 CONROE, TX 77305 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTGOMERY DAY AT THE CAPITAL |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2025 | Payee name CONSTANT CONTACT | |
| Amount (\$) \$192.95 | Payee address; City; State; Zip Code 1601 TRAPELO ROAD WALTHAM , MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2025 | Payee name EPROCESSING NETWORK | |
| Amount (\$) \$90.00 | Payee address; City; State; Zip Code 1415 N. LOOP WEST SRE. 1185 HOUSTON, TX 77008 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/19 Rpt: 9/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 01/07/2025 | 5 Payee name FeedStor LLC | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/04/2025 | Candidate/Officeholder name | Office sought |
| Payee name FeedStor LLC | Office held | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/29/2025 | Candidate/Officeholder name | Office sought |
| Payee name FeedStor LLC | Office held | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/29/2025 | Candidate/Officeholder name | Office sought |
| Payee name FeedStor LLC | Office held | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 15619 Pebble Bend Dr Houston, TX 77068 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 7/19 Rpt: 11/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 01/29/2025 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT OFFICE SUPPLIES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/28/2025 | Payee name MAGNOLIA AREA SOFTBALL ASSOCIATION | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code P.O. BOX 57 MAGNOLIA, TX 77355 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTBALL DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/18/2025 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANQUET DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 8/19 Rpt: 12/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 02/12/2025 | 5 Payee name Magnolia Apostolic Tabernacle | |
| 6 Amount (\$) \$275.00 | 7 Payee address; City; State; Zip Code 18235 Fm 1488 Magnolia, TX 77353 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPRING FLING AD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name PAYSAFE | | |
| Amount (\$) \$578.70 | Payee address; City; State; Zip Code P.O. BOX 8339 THE WOODLANDS, TX 77387 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name PLANTERSVILLE TOWN HALL | | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code P.O. BOX 37 PLANTERSVILLE, TX 77363 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TABLE SPONSOR |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 9/19 Rpt: 13/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 02/04/2025 | 5 Payee name POSTMASTER | |
| 6 Amount (\$) \$226.00 | 7 Payee address; City; State; Zip Code 815 GOODSON RD MAGNOLIA, TX 77355 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MAIL BOX |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/06/2025 | Candidate/Officeholder name RESIDENTS AT THE TRIANGLE | |
| Amount (\$) \$2,399.49 | Office sought 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name RESIDENTS AT THE TRIANGLE | |
| Amount (\$) \$2,406.71 | Office sought 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT RENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 10/19 Rpt: 14/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 03/03/2025 | 5 Payee name RESIDENTS AT THE TRIANGLE | |
| 6 Amount (\$) \$2,393.56 | 7 Payee address; City; State; Zip Code 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT RENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2025 | Payee name RESIDENTS AT THE TRIANGLE | |
| Amount (\$) \$2,401.32 | Payee address; City; State; Zip Code 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT RENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2025 | Payee name RESIDENTS AT THE TRIANGLE | |
| Amount (\$) \$2,397.84 | Payee address; City; State; Zip Code 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT RENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 11/19 Rpt: 15/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 06/03/2025 | 5 Payee name RESIDENTS AT THE TRIANGLE | |
| 6 Amount (\$) \$2,401.29 | 7 Payee address; City; State; Zip Code 4600 W. GUADALUPE STREET AUSTIN, TX 78751 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT RENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/29/2025 | Payee name RISTER, AMY | |
| Amount (\$) \$1,541.03 | Payee address; City; State; Zip Code 6000 SHEPHERD MOUNTAIN COVE #222 AUSTIN, TX 78730 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHAIRMAN GIFTS FOR INTERGOVERNMENTAL AFFAIRS COMMITTEE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2025 | Payee name ROTARY CLUB OF MAGNOLIA | |
| Amount (\$) \$275.00 | Payee address; City; State; Zip Code P.O. BOX 1139 MAGNOLIA, TX 77353 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 12/19 Rpt: 16/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 05/28/2025 | 5 Payee name SHAKEFX, LLC | |
| 6 Amount (\$) \$259.80 | 7 Payee address; City; State; Zip Code 541 Phillips Dr. Boca Raton, FL 33432 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2025 | Payee name SPECTRUM | |
| Amount (\$) \$304.30 | Payee address; City; State; Zip Code P.O. BOX 60074 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT CABLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2025 | Payee name SPECTRUM | |
| Amount (\$) \$315.61 | Payee address; City; State; Zip Code P.O. BOX 60074 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT CABLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 13/19 Rpt: 17/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 03/24/2025 | 5 Payee name SPECTRUM | |
| 6 Amount (\$) \$326.27 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT CABLE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/22/2025 | Payee name SPECTRUM | |
| Amount (\$) \$326.72 | Payee address; City; State; Zip Code P.O. BOX 60074 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT CABLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/27/2025 | Payee name SPECTRUM | |
| Amount (\$) \$326.72 | Payee address; City; State; Zip Code P.O. BOX 60074 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT CABLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 14/19 Rpt: 18/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 01/29/2025 | 5 Payee name STATE PRESERVATION BOARD | |
| 6 Amount (\$) \$130.00 | 7 Payee address; City; State; Zip Code 201 E. 14TH ST SUITE 950 AUSTIN, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAPITAL OFFICE TV |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TEXAS HOUSE REPUBLICAN CAUCUS | | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code P.O. BOX 13305 AUSTIN, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TEXAS SPECIAL CHILDRENS PROJECT | | |
| Amount (\$) \$90.00 | Payee address; City; State; Zip Code 6942 FM 1960 RD E #396 HUMBLE, TX 77346 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NASA TRIP DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 15/19 Rpt: 19/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 03/10/2025 | 5 Payee name Texas Conservative Coalition | |
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 2659 Austin, TX 78768 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name The Austin Club | |
| Amount (\$) \$185.00 | Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2025 | Payee name The Austin Club | |
| Amount (\$) \$185.00 | Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 16/19 Rpt: 20/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 03/03/2025 | 5 Payee name The Austin Club | |
| 6 Amount (\$) \$281.00 | 7 Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/28/2025 | Payee name The Austin Club | |
| Amount (\$) \$185.00 | Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/29/2025 | Payee name The Austin Club | |
| Amount (\$) \$185.00 | Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 17/19 Rpt: 21/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 05/28/2025 | 5 Payee name The Austin Club | |
| 6 Amount (\$) \$185.00 | 7 Payee address; City; State; Zip Code 110 East 9Th Street Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY DUES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/03/2025 | Payee name Travelers Insurance | |
| Amount (\$) \$347.00 | Payee address; City; State; Zip Code P.O. Box 660307 DALLAS, TX 75266 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN APT INSURANCE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name VERIZON WIRELESS | |
| Amount (\$) \$85.72 | Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 18/19 Rpt: 22/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 02/04/2025 | 5 Payee name VERIZON WIRELESS | |
| 6 Amount (\$) \$87.73 | 7 Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/10/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name VERIZON WIRELESS | | |
| Amount (\$) \$87.73 | Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/11/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name VERIZON WIRELESS | | |
| Amount (\$) \$87.73 | Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 19/19 Rpt: 23/23 | 2 FILER NAME Bell Jr., Cecil I. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00067547 |
| 4 Date 05/14/2025 | 5 Payee name VERIZON WIRELESS | |
| 6 Amount (\$) \$87.71 | 7 Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/03/2025 | Payee name VERIZON WIRELESS | |
| Amount (\$) \$87.71 | Payee address; City; State; Zip Code P.O. BOX 489 NEWARK, NJ 07101-0489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2025 | Payee name Woodforest Bank | |
| Amount (\$) \$18.00 | Payee address; City; State; Zip Code 4055 Corporate Drive Ste. 100 Grapevine, TX 76051 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STATEMENT FEE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |