CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	•	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
_	00067547	F	37			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Cecil I.			07/29/2025	
		NICKNAME	LAST		SUFFIX		
_			Bell		Jr.	Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	X January 15	Runoff	Other (s	pecify)		
		July 15	Exceeded modified			Receipt #	Amount
		30th day before election	15th day after camp appointment (office			Date Processed	
		8th day before election	Final Report (Attacl	h C/OH-FR)		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
	COVERED	07/01/2024	THROUGH	12/31/2024			
6	EXPLANATION OF C	CORRECTION					
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 see report not later than that the report as or 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
			<u></u>		Honorable Ce		
	AFFIX MOTARY OF	AMD / CEAL ABOVE		Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	e.		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th 7	Γitle of officer admin	istering oath
_							

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

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00067547	n Filers)	2 Total pages	filed: 37
3 CANDIDATE /	MS / MRS / MR	FIRST	1 000010-1	MI		
OFFICEHOLDER				IVII	OFFICE	USE ONLY
NAME	The Honorable	Cecil I.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/29/2025	
		Bell		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	P.O. Box 819					
MAILING ADDRESS					Receipt #	Amount
l <u> </u>						
Change of Address	Magnolia, TX 77355				Date Processed	
					Data Issaera	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mrs.	Sara L.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Taylor				
6 CAMPAIGN	STREET ADDRESS (NO	DU BUX DI EVZE).	ΔDT / 9	SUITE#; CITY;	TP	ATE; ZIP CODE
TREASURER		TO BOXT ELASE),	71 17	30πL π, Cπ ,	31	ATE, ZII CODE
ADDRESS	27003					
(Residence or Business)	Lavaca Trails					
(Nesidence of Edsiness)	Magnolia, TX 77355					
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER	(281) 770-4006					
PHONE	(281) 770-4006					
8 REPORT		_	_		-	
TYPE	X January 15	30th day before	e election	noff	15th day after ca appointment (of	ampaign treasurer
		8th day before	alastian 🗖 Ev	acaded modified	-	
	July 15	our day before		ceeded modified oorting limit	Final Report (At	lacii C/On-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2024	TH	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE	:		ELECTION TYPE		
20 222011011	Month Day Ye	I	Primary	Runoff	Other	
	Month Bay 16	ш Ш'	IIIIIaiy	rtunon		
			Seneral	Special		
			•	_		
11 OFFICE	OFFICE HELD (if any)		14	2 OFFICE SOUGHT	(if known)	
II OFFICE		Sintwint O	1			
	State Representative I	DISTRICT 3		State Representa	ative district 3	
		25.	50 DAGE 6			
		GO 1	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 37

13 C / OH NAME	Bell Jr., Cecil I. (The	Honorable)	14 Filer ID (Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Texas Alliance for Life PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	8000 Centre Park Drive Suite 380				
		Austin, TX 78754				
		COMMITTEE CAMPAIGN TREASURER	NAME			
		Shaw, James				
		COMMITTEE CAMPAIGN TREASURER	ADDRESS			
		4505 Corazon Cv				
16 CONTRIBUTION TOTALS	ER THAN PLEDGES, LOANS, DE ELECTRONICALLY)	\$ 0.00				
	LOANS)	\$ 87,800.00				
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 26,240.24		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 78,199.98		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 82,140.00		
17 AFFIDAVIT			er penalty of perjury, that the acc cludes all information required to n Code.			
		T	he Honorable Cecil I. Bell Jr.			
		Sign	nature of Candidate or Officeholo	der		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		rtify which, witness my hand and seal of o				
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				C	OVER S	6HEET PG 3 4 of 37
		R NAM Jr., Co	ME ecil I. (The Honorable)	19 Filer ID 00067547	(Ethics Co	ommission Filers)
20 3	SCH	EDULE	SUBTOTALS		CLUB	TOTAL AMOUNT
1	NAM	E OF	SCHEDULE		SOB	TOTAL AMOUNT
-	1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	87,450.00
2	2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00
3	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4	4.		SCHEDULE E: LOANS		\$	
į	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	26,240.24
(5.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
-	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
Ç	9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
:	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
-	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
-	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 5/37	
2	FILER NAME Bell Jr., Ceci	I. (The Honorable)		3	Filer ID (Ethics Commissio 00067547	n Filers)
4	Date 10/02/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing aggu	AUSTIN, TX 78767	0. Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: ADVANCED DRAINAGE SYSTEMS INC PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Delicalisation	LAKEWAY, TX 78738	Formula van (Cara la atmustia na	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: ASSOCIATED BUILDERS & CONTRACTORS C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	HOUSTON, TX 77092 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	i illicipai occu	Jacob Line (See Instructions)	Employer (See Instructions	,,		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: ASSOCIATED GENERAL CONTRACTORS OF Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 11/14/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 6/37	
2	FILER NAME Bell Jr., Ceci	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 10/02/2024	 Full name of contributor out-of-state PAC (ID#:_BEEF-PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AMARILLO, TX 79106 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	T morpar occu	pation / cos title (cos mondotone)	Employer (eee meadeliene	,		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	i ilicipai occu	pation 7 sob title (see instructions)	Employer (See instructions	,		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ BLACKRIDGE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_BNSF RAIL PAC Contributor address; City; State; Zip Code FORT WORTH, TX 76161			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_BOATING TRADES ASSOCIATION OF METRO Contributor address; City; State; Zip Code HOUSTON, TX 77054	DPOLITAN HOUSTON		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 7/37	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 12/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ CHARTER SCHOOLS NOW PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
	•	,	, , ,	,		
	Date 11/08/2024	Full name of contributor 🔲 out-of-state PAC (ID#: <u>C</u> CHEVERON EMPLOYEES PAC Contributor address; City; State; Zip Code	00035006		Amount of Contribution (\$)	\$1,000.00
	Principal occu	SAN RAMON, CA 94583 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ CHOCTOW NATION OF OKLAHOMA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	DURANT, OK 74702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ COATS ROSE, P.C. PAC Contributor address; City; State; Zip Code HOUSTON, TX 77046			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 8/37	
2	FILER NAME Bell Jr., Ceci	il I. (The Honorable)			3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/14/2024	5 Full name of contributor CONGRESS VENTURES, LL6 Contributor address; City; State;		NERS CONSULTING	7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Loggy	AUSTN, TX 78703	т	O Employer (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor DAVIS, CHESTER Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	BUDA, TX 78610 pation / Job title (See Instructions)		Employer (See Instructions)		
	OWNER	,		AMERICAN FIREWORK			
	Date 12/20/2024	DAVIS, LAURA Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SK LAW)		
	Date 11/14/2024	Full name of contributor DELISI COMMUNICATIONS Contributor address; City; State; AUSTIN, TX 78701				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor Dow Inc. PAC Contributor address; City; State; AUSTIN, TX 78701	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 9/37	
2	FILER NAME Bell Jr., Ceci	I. (The Honorable)			3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/27/2024	 Full name of contributor	JND)	7	Amount of Contribution (\$)	\$500.00
Ω	Principal occu	DALLAS, TX 75240 pation / Job title (See Instructions)	la	Employer (See Instructions			
Ü	r inicipal occu	oalion 7 Job title (See matrictions)		Employer (See instructions	')		
	Date 11/14/2024	Full name of contributor out-of-state P HILLCO PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701		5 1 (0 1 : "	Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor out-of-state P HOLLAND AND KNIGHT TEXAS PAC Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$250.00
		DALLAS, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/14/2024	Full name of contributor out-of-state P HOMEPAC OF TEXAS, TEXAS ASSOC Contributor address; City; State; Zip Code AUSTIN, TX 78701	CIATION OF			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor out-of-state P HOUSTON ASSOCIATED GENERAL C Contributor address; City; State; Zip Code HOUSTON, TX 77092	ONTRACT			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
			I				

	MONET	ARY POLITICAL CONTRII	BUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 10/37	
2	FILER NAME Bell Jr., Ceci	II. (The Honorable)			3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 12/16/2024	 Full name of contributor	NT BANKEF		7	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/14/2024	Full name of contributor out-of-state KICKAPOO TRADITIONAL TRIBE OF Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	EAGLE PASS, TX 78852 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	i ilicipai occu	pation / 300 tale (See instructions)		Employer (See Instructions	,,		
	Date 11/14/2024	Full name of contributor x out-of-state MCGUIREWOODS FEDERAL PAC Contributor address; City; State; Zip Code	PAC (ID#: <u>C00</u>)		Amount of Contribution (\$)	\$500.00
	Principal occu	PATION PATION PATION PATION PATION / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 09/22/2024	MCMORRIES, BRANDON	PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu REAL ESTS	pation / Job title (See Instructions)		Employer (See Instructions THE REAL ESTATE CO		PANY	
	Date 11/14/2024	Full name of contributor out-of-state MOAK CASEY PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 11/37	_
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067547	
4	Date 12/10/2024	 Full name of contributor out-of-state PAC (ID#:_ONCOR TEXAS STATE PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$2,000.0	0
8	Principal occu	DALLAS, TX 75202 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: PHARMPAC Contributor address; City; State; Zip Code AUSTIN, TX 78757			Amount of Contribution (\$) \$1,000.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: POLITICAL ACTION COMMITTEE OF WINSTEA Contributor address; City; State; Zip Code	-		Amount of Contribution (\$) \$1,000.0	0
	Principal occu	DALLAS, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: Political Action Committee of The Independent In Contributor address; City; State; Zip Code Austin, TX 78768	ū		Amount of Contribution (\$) \$500.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#: RED ROCK TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$) \$750.0	0
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 12/37	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		1	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ RYDMAN, JOHN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	D: : 1	HOUSTON, TX 77007		<u> </u>		
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions SPEC'S WINE SPIRITS		IER FOODS	
	Date 12/16/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Dringinal occu	AUSTIN, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	c)		
	r inicipal occu	pation / Job title (See Instructions)	Employer (See instructions	3)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC - State Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/14/2024	Full name of contributor			Amount of Contribution (\$)	\$22,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 13/37	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/27/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	AUSTIN, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	¢1 000 00
	11/14/2024 TEXAS AGGREGATES AND CONCRETE ASSOCIATION PAC Contributor address; City; State; Zip Code					\$1,000.00
ROUND ROCK, TX 78681 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: TEXAS AGRICULTURAL AVIATION ASOCIATIO Contributor address; City; State; Zip Code AUSTIN, TX 78701	DN AG-AIR PAC		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2024 TEXAS AGRICULTURAL CO-OP COUNCIL PAC Contributor address; City; State; Zip Code		;		Amount of Contribution (\$)	\$350.00
	Principal occu	ROUND ROCK, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 TEXAS ALLIANCE FOR CONSERVATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78721			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/14 Rpt: 14/37	
2	FILER NAME Bell Jr., Cec	I I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
0	Dringing! goog	AUSTIN, TX 78754	• Employer (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 TEXAS AND SOUTHWESTERN CATTLE RAISER ASSOC. STATE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
FORT WORTH, TX 76185 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 TEXAS APARTMENT ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ASSOCIATION OF CRANE OWNERS F Contributor address; City; State; Zip Code AUSTIN, TX 78716			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AUTOMOBILE DEALERS ASSOCIATIC Contributor address; City; State; Zip Code AUSTIN, TX 78701	IN PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A	\1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 15/37	
2	FILER NAME Bell Jr., Ceci	I I. (The Honorable)		3	Filer ID (Ethics Commission File 00067547	ers)
4	Date 11/14/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,0	00.00
_	Deireire Leev	AUSTIN, TX 78701	O Francisco (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2024 TEXAS BUILDING BRANCH AGC PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,0	00.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions) 		
	i illicipai occu	odition / Job title (See Instructions)	Employer (See instructions	,		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: TEXAS CHEMISTRY COUNCIL / TEXAS CHEM Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5	00.00
	Deire die et e e e	AUSTIN, TX 78701	Faralassa (Osas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2024 TEXAS COLLEGE OF EMERGENCY PHYSICIANS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5	00.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: TEXAS DAIRYMEN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78711)		Amount of Contribution (\$) \$5	600.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/14 Rpt: 16/37	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 11/27/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS DENTAL ASSOCIATION PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deignaignal annu	AUSTIN, TX 78704	O Familiary (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 TEXAS FORESTRY ASSOCIATION FORESTRY PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LAND TITLE ASSOCIATION PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Deinsinal	AUSTIN, TX 78703	Farely (Carlot by the traction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LOBBY STRATEGIES Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS OPTOMETRIC PAC Contributor address; City; State; Zip Code AUSTIN, TX 78705)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 17/37	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	on Filers)
4	Date 12/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$4,000.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2024 TEXAS STATE ASSOCIATION OF FIRE FIGHTERS ACTION Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> 5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TXCPA PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		ADDISON, TX 75001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ TXTA TRUCKPAC Contributor address; City; State; Zip Code AUSTIN, TX 75701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor x out-of-state PAC (ID#: COUNTY UNION PACIFIC CORORATION FUND FOR EF Contributor address; City; State; Zip Code WASHINGTON, DC 20005			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 18/37	
2	FILER NAME Bell Jr., Cec	il I. (The Honorable)		3	Filer ID (Ethics Commission 00067547	n Filers)
4			7	Amount of Contribution (\$)	\$750.00	
		CHICAGO, IL 60606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2024 VETERINARIAN POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00	
	Dringing agg	AUSTIN, TX 78754 upation / Job title (See Instructions)	Employer (See Instructionne	<u>''</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID: VISION SOURCE MAGNOLIA Contributor address; City; State; Zip Code	<u>#)</u>		Amount of Contribution (\$)	\$500.00
		MAGNOLIA, TX 77354				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bell Jr., Cecil I. (The Honorable) 00067547 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/12/2024 Rice, Chuck \$350.00 Fundraiser email invitation 7 Contributor address; City; State; Zip Code Austin, TX 78727 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Chuck Rice Group Lobbyist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica 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: 1/18 Rpt: 20/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	08/12/2024	AUSTIN CLUB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$388.53	110 EAST 9TH STREET
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY DUES
		MONTHET BOES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	<u> </u>
	Date	Payee name
	08/26/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.78	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
		MIONTHLY DOES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	09/10/2024	AUSTIN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	110 EAST 9TH STREET
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY DUES
		INIONITELY DUES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/18 Rpt: 21/37 Bell Jr., Cecil I. (The Honorable) 00067547 4 Date Payee name 09/30/2024 **AUSTIN CLUB** 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY DUES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 **AUSTIN CLUB** Amount (\$) Payee address; State; Zip Code City; \$185.00 110 EAST 9TH STREET AUSTIN, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MONTHLY DUES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 **AUSTIN CLUB** Amount (\$) Payee address: City; State; Zip Code \$100.00 110 EAST 9TH STREET AUSTIN, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **EMPLOYEE GRATUITY FUND** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 22/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	11/13/2024	AUSTIN CLUB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	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 PREPAY YEARLY DUES
		FREFAT TEARLY BOLS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/04/2024	AUSTIN CLUB
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$479.13	110 EAST 9TH STREET
L		AUSTIN, TX 78701
	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. Check if Austin, TX, officeholder living expense
		AUSTIN CLUB EVENT
		ACCULATION OF THE ACCULATION O
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	07/05/2024	CITY OF AUSTIN
L		
	Amount (\$)	Payee address; City; State; Zip Code P.O. BOX 2267
	\$89.87	P.O. BOX 2207
		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
		UTILITIES
		J. T.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 4/18 Rpt: 23/37	2 FILER NAME Bell Jr., Cecil I. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067547
4	Date	5 Payee name
	08/02/2024	CITY OF AUSTIN
6	Amount (\$) \$94.60	7 Payee address; City; State; Zip Code P.O. BOX 2267
		AUSTIN, TX 78783
8	PURPOSE	(a) 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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	CITY OF AUSTIN
	Amount (\$) \$98.54	Payee address; City; State; Zip Code P.O. BOX 2267
		AUSTIN, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense 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
	Date	Payee name
	10/04/2024	CITY OF AUSTIN
	Amount (\$) \$98.28	Payee address; City; State; Zip Code P.O. BOX 2267
		AUSTIN, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense AUSTIN APT UTILITIES
	Complete ONLY if direct expenditure to benefit C/Ol	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	mittee Legal Services		pense ages/Contract Labo	r	OTHER (enter a	category not listed above)	
	Credit Card Payment	The Instruction Gu	de explains how to con	nplete this form				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission File	rs)
	Sch: 5/18 Rpt: 24/37	Bell Jr., Cecil I. (The Honora	ble)			00067547		
4	Date	Payee name						
	11/04/2024	CITY OF AUSTIN						
6	Amount (\$)	Payee address; City;	State; Zip Coo	de				
	\$92.09	P.O. BOX 2267						
		AUSTIN, TX 78783						
8	PURPOSE	Category (See Categories listed at th	e ton of this schedule)	(b) Description				
	OF EXPENDITURE	Office Overhead/Rental Exp		:		de of Texas. Com	plete Schedule T.	
	EXPENDITURE					officeholder living	expense	
				AUSTIN A	APIUI	ILITIES		
_	2	"						
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office souç	ght		Office he	eld	
	·							
	Date	Payee name						
	12/02/2024	CITY OF AUSTIN						
	Amount (\$)	Payee address; City;	State; Zip Coo	de				
	\$83.06	P.O. BOX 2267						
		AUSTIN, TX 78783						
	PURPOSE OF	Category (See Categories listed at th		(b) Description				
	EXPENDITURE	Office Overhead/Rental Exp	ense			de of Texas. Com officeholder living		
				AUSTIN A			гехрепас	
	Complete ONLY if direct	andidate/Officeholder name	Office soug	jht		Office he	eld	
	expenditure to benefit C/OI							
	Date	Payee name						
	12/16/2024	CONROE LAKE CONROE	CHAMBER OF COM	MERCE				
	Amount (\$)	Payee address; City;	State; Zip Coo	de				
	\$400.00	P.O. BOX 2347						
		CONROE, TX 77305						
	PURPOSE	Category (See Categories listed at th	a top of this schodule)	(b) Description	<u> </u>			
	OF	Fees	e top of this schedule)			de of Texas. Com	plete Schedule T.	
	EXPENDITURE					officeholder living	expense	
				MEMBER	SHIP [DUES		
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office soug	ght		Office he	eld	
	S.portaliare to benefit 6/01							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 6/18 Rpt: 25/37	Bell Jr., Cecil I. (The Honorable) 00067547	
4	Date	5 Payee name	
	12/31/2024	CONSTANT CONTACT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$191.88	1601 TRAPELO ROAD	
		WALTHAM , MA 02451	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		BANK FEES	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	
	12/31/2024	EPROCESSING NETWORK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.00	1415 N. LOOP WEST SRE. 1185	
		HOUSTON, TX 77008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		BANK FEES	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/29/2024	FRIENDS OF NRA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. BOX 203	
		HEMPSTEAD, TX 77445	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		TOTORE OF TREEDOM BOWATION	
	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 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: Sch: 7/18 Rpt: 26/37	2 FILER NAME Bell Jr., Cecil I. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067547
4	Date 09/12/2024	5 Payee name FeedStor LLC	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 15619 Pebble Bend Dr	
8	PURPOSE OF EXPENDITURE	Advertising Expense	Pescription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OIGITAL CONSULT
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 10/25/2024	Payee name FeedStor LLC	
	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	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OGITAL CONSULT
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/25/2024	Payee name FeedStor LLC	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 15619 Pebble Bend Dr	
		Houston, TX 77068	
	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IGITAL CONSULT
	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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing 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: 8/18 Rpt: 27/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	09/30/2024	FeedStor LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	15619 Pebble Bend Dr
		Houston, TX 77068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		DIGITAL CONSULT
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	10/24/2024	GREATER EMC CHAMBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.00	21575 HIGHWAY 59 NORTH STE 100
		NEW CANEY, TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		YEARLY MEMBERSHIP DUES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Or	
	Date	Payee name
	12/06/2024	GREATER EMC CHAMBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	21575 HIGHWAY 59 NORTH STE 100
		NEW CANEY, TX 77357
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		LUNCHEON
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 Comm

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 28/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	11/25/2024	GREATER MAGNOLIA PARKWAY CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. BOX 399
		MAGNOLIA, TX 77353
8	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
		DONATION 2025 AWARDS DINNER
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2024	GREATER MAGNOLIA PARKWAY CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. BOX 399
	Ψ300.00	1.0. BOX 333
		MAGNOLIA, TX 77353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	12/09/2024	MAGNOLIA REPUBLICAN CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	31355 FRIENDSHIP DR
		MAGNOLIA, TX 77355
	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.
	LXI ENDITORE	Candidate/Officeholder/Political Committee
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Coloradula 54	1
1	Total pages Schedule F1:	
	Sch: 10/18 Rpt: 29/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	10/23/2024	MAGNOLIA SUPPORT GROUP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	19100 UNITY PARK DR
		MAGNOLIA, TX 77353
_	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	12/31/2024	PAYSAFE
	Amount (\$)	Payee address; City; State; Zip Code
	\$449.70	P.O. BOX 8339
		THE WOODLANDS, TX 77387
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	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	Payeo namo
	Date 09/17/2024	Payee name PLANTERSVILLE TOWN HALL
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. BOX 37
		PLANTERSVILLE, TX 77363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		2024 TOWN HALL EVENT
L		
	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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (page 2 category not listed above)

	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: 11/18 Rpt: 30/37	Bell Jr., Ce	cil I. (The Honorable)					00067547		
4	Date	5 Payee name)							
	07/01/2024	RESIDENT	S AT THE TRIANGLE							
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	de					
	\$2,128.54	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
8	PURPOSE	(a) Category "	See Categories listed at the top of this sc	h - dulah	(b)	Description				
•	OF		see Categories listed at the top of this sc rhead/Rental Expense	neaule)	(~)	:	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					X Check if Austin	, TX	, officeholder living	expense	
						AUSTIN APA	RT	MENT		
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	П								
	Date	Payee name	?							
	08/02/2024	RESIDENT	S AT THE TRIANGLE							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	de					
	\$2,398.55	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	ŕ		ш		ide of Texas. Com		
	EXI ENDITORE					_		, officeholder living	expense	
						AUSTIN APT	KI	EIN Ι		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	abt			Office he	J.d	
	expenditure to benefit C/OI		ncenoider name	Office Sou	gni			Office fie	iiu	
	5 .									
	Date	Payee name								
	09/03/2024		TS AT THE TRIANGLE							
	Amount (\$)	Payee addre	, , , , , , , , , , , , , , , , , , , ,	e; Zip Co	de					
	\$2,392.94	4600 W. G	UADALUPE STREET							
		AUSTIN, T	X 78751							
	PURPOSE OF		See Categories listed at the top of this sc	hedule)	(b)	Description		:d4.T O	alaka Cabadala T	
	EXPENDITURE	Office Ove	rhead/Rental Expense			_		ide of Texas. Com _l , officeholder living		
						AUSTIN APT			·	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica		nmittee Legal Services	Salaries/V		se s/Contract Labor		OTHER (enter a	trict category not listed ab	ove)
	Credit Card Payment		The Instruction Guide explai	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 12/18 Rpt: 31/37		Bell Jr., Cecil I. (The Honorable)					00067547		
4	Date	5	Payee name							
	10/02/2024		RESIDENTS AT THE TRIANGLE							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	de					
	\$2,403.19		4600 W. GUADALUPE STREET							
			AUSTIN, TX 78751							
8	PURPOSE	⊢			(h)	Description				
٠	OF	(۳)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(2)		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		omee Overnedd/Nemai Expense			<u> </u>		officeholder living		
						AUSTIN APT	RE	ENT		
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	11/01/2024		RESIDENTS AT THE TRIANGLE							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de					
	\$2,404.58		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	551154415)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			_		officeholder living	expense	
						AUSTIN APT	RE	ENT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght			Office he	eld	
		_								
	Date		Payee name							
	12/01/2024		RESIDENTS AT THE TRIANGLE							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de					
	\$2,403.31		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					de of Texas. Com		
						_		officeholder living	expense	
						AUSTIN APT	K	ZIN I		
	Complete ONLY if direct	Ц	Candidate/Officeholder name	Office sou	abt			Office he	7 4	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/OniceHolder Haffle	Office Sou	yııl			Onice ne	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ - al Coi	mmittee	Legal Servi				/ages	/Contract Labor			Out of Dis R (enter a	strict category not listed above)	
L		_			uction Guic	ie explains	HOW TO COL	mpie	ete this form.	_				
1	Total pages Schedule F1:	2								3	Filer		(Ethics Commission Fi	lers)
	Sch: 13/18 Rpt: 32/37	L	Bell Jr., Ced	cil I. (The	e Honorab	ole)					0000	57547		
4	Date	5	Payee name											
L	10/23/2024	L	SHAKEFX,	LLC										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$81.19		541 Phillips	Dr.										
			Boca Raton	, FL 334	32									
8	PURPOSE	(a)	Category (Se	ee Categorie	s listed at the	top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising			,	/		_ `	outsi	ide of T	exas. Com	plete Schedule T.	
	EVENDLICKE		· ·	-					Check if Austin			older living	expense	
									DIGITAL CO	NS	ULT			
9	Complete ONLY if direct		Candidate/Offi	ceholder	name	(Office sou	ght			(Office he	eld	
	expenditure to benefit C/O	H												
	Date		Payee name											
	07/29/2024		SPECTRUM	Л										
	Amount (\$)	Т	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$294.08		P.O. BOX 6				-							
	, 30		-											
			CITY OF IN	DUSTR	Y, CA 91	716-0074								
	PURPOSE	(a)	Category (Se				nedule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/Re	ntal Expe	ense			—				plete Schedule T.	
									Check if Austin				expense	
									AUSTIN APT	C/	MDLE			
_	Commission ONE V. C. P.	<u> </u>	Daniel - t 1000	b!			⊃#: a -	aul- '				⊃#: !	stat	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenolder	name	(Office sou	gnt			(Office he	eia	
		_												
	Date		Payee name											
L	08/26/2024	L	SPECTRUM	Λ										
	Amount (\$)		Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$304.75		P.O. BOX 6	0074										
			CITY OF IN	DUSTR	Y, CA 91	716-0074								
	PURPOSE	(a)	Category (Se	ee Categorie	s listed at the	top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Office Over						ш				plete Schedule T.	
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Check if Austin				expense	
									AUSTIN APT	C	ARLE			
	Commission ONE V. C. F.	<u>L</u>	Dameli-1-+ 10.00	b - 1 . '			Off: 4 -	aul- '				D#:!	S.I.al	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer	riame	(Office sou	ynt			(Office he	eiu	
	,													

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	ommittee Legal Services	Salaries/Wa	ges/Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment	The Instruction Guide expl	ains how to com	plete this form.				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 14/18 Rpt: 33/37	Bell Jr., Cecil I. (The Honorable)				00067547		
4	Date	Payee name						
	09/30/2024	SPECTRUM						
6	Amount (\$)	Payee address; City; S	State; Zip Cod	e				
	\$304.43	P.O. BOX 60074						
		CITY OF INDUSTRY, CA 91716-0	074					
8	PURPOSE			b) Description				
Ŭ	OF	A) Category (See Categories listed at the top of the Office Overhead/Rental Expense	is schedule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Smoo Svemoda/Nemai Expense		X Check if Austin	, TX	officeholder living	expense	
				AUSTIN APT	C	ABLE		
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI							
	Date	Payee name						
	10/23/2024	SPECTRUM						
	Amount (\$)	Payee address; City; S	State; Zip Cod	e				
	\$304.43	P.O. BOX 60074						
		CITY OF INDUSTRY, CA 91716-0	074					
	PURPOSE			b) Description				
	OF	(See Categories listed at the top of the Office Overhead/Rental Expense	is schedule)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Overflead/Nerital Experise		<u> </u>		officeholder living		
				AUSTIN APT	C	ABLE		
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI							
	Date	Payee name						
	11/25/2024	SPECTRUM						
	Amount (\$)	Payee address; City; S	State; Zip Cod	e				
	\$304.43	P.O. BOX 60074						
		CITY OF INDUSTRY, CA 91716-0	074					
	PURPOSE			b) Description				
	OF	 Category (See Categories listed at the top of the Confidence Overhead/Rental Expense) 	is schedule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Onice Overneau/Nentai Expense		<u> </u>		officeholder living		
				AUSTIN APT	C	ABLE		
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E 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		t egory 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 (E	Ethics Commission Filers)
	Sch: 15/18 Rpt: 34/37	Bell Jr., Cecil I. (The Honorable) 00067547	
4	Date	5 Payee name	
	12/23/2024	SPECTRUM	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$304.43	P.O. BOX 60074	
		CITY OF INDUSTRY, CA 91716-0074	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EX. ENDITORE	X Check if Austin, TX, officeholder living ex	pense
		AOSTINAFICABLE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
	Date	Davies name	
	10/23/2024	Payee name Shake FX, LLC	
	Amount (\$) \$194.85		
	Ψ134.03	541 (Minips D1.	
		Boca Raton, FL 33432	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complet	e Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living ex	pense
		DIGITAL CONSULT	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	- p	-	
	Date	Payee name	
	09/12/2024	TEXAS SPECIAL CHILDERNS PROJECT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	808 RUSSELL PALMER RD	
		KINGWOOD, TX 77339	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	o Sahadula T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complet Check if Austin, TX, officeholder living ex	
		DONATION	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Cor				_egal Services	s Expense	Salaries/V		e /Contract Labor	istrict a category not listed abov	e)		
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 16/18 Rpt: 35/37		Bell Jr., Cec	il I. (The Honor	able)					00067547		
4	Date	5	Payee name					•	_			
	11/25/2024			CIAL CHILDE	RNS PROJE	CT						
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$100.00	(6942 FM 19	60 RD E #396								
			HUMBLE, T	X 77346								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE	(Candidate/C	fficeholder/Pol	itical Comm	ittee		—		officeholder livin		
								CHRISTMAS	SF	PONSORSI	HIP	
_		<u> </u>										
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	07/29/2024	<u>`</u>	VERIZON W	/IRELESS								
	Amount (\$)	ı	Payee addres	•	State;	Zip Co	de					
	\$87.58		P.O. BOX 48	39								
			NEWARK, N	IJ 07101-0489								
	PURPOSE OF			e Categories listed at		edule)	(b)	Description				
	EXPENDITURE	'	Office Overh	ead/Rental Ex	pense			=		de of Texas. Cor officeholder livin	nplete Schedule T.	
								CAMPAIGN F			g expense	
	Complete ONLY if direct	С	andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/07/2024	ı	VERIZON W	/IRELESS								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$90.68		P.O. BOX 48	-	·	·						
			NEWARK, N	IJ 07101-0489								
	PURPOSE	_		e Categories listed at	the ton of this solv	edule)	(b)	Description				
	OF			ead/Rental Ex		cudic)	` ´		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE				•					officeholder livin	g expense	
								CAMPAIGN F	PH(ONE		
	0 1, 0, 0, 0, 0	L_	p				Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
		-										

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Fooc
Contributions/ Donations Made By - Gift/,
Candidate/Officeholder/Political Committee Lega

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 (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 17/18 Rpt: 36/37	Bell Jr., Cecil I. (The Honorable) 00067547
4	Date	5 Payee name
	09/12/2024	VERIZON WIRELESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.66	P.O. BOX 489
		NEWARK, NJ 07101-0489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
		GAINT AIGHT HONE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	
	Date	Payee name
	10/23/2024	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.70	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
		CAMIFAIGNTHONE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/14/2024	VERIZON WIRELESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.74	P.O. BOX 489
		NEWARK, NJ 07101-0489
	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 FROME
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 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 Credit Card Payment		Legal Ser			/ages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)		
1	Total pages Schedule F1: Sch: 18/18 Rpt: 37/37			ne Honorable)				3	Filer ID 00067547	(Ethics Commission Filers)		
L	Date 12/16/2024		ZON WIRELE				·					
6	Amount (\$) \$85.72		P.O. BOX 489									
L		NEW	ARK, NJ 071	01-0489								
8	PURPOSE OF EXPENDITURE			ries listed at the top o ental Expenso		(b)	<u> </u>	TX,	officeholder living	nplete Schedule T. g expense		
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholde	r name	Office sou	ght			Office h	eld		
	Date	Payee	name									
	12/31/2024	Wood	lforest Bank									
Г	Amount (\$)	Payee	address;	City;	State; Zip Co	de						
	\$18.00	4055	Corporate Dr	ive Ste. 100								
		Grap	evine, TX 760)51								
	PURPOSE OF	(a) Categ	ory (See Categor	ries listed at the top o	of this schedule)	(b)	Description					
	EXPENDITURE	Acco	unting/Bankin	g			ш		de of Texas. Com officeholder living	nplete Schedule T.		
							STATEMENT			genpense		
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholde	r name	Office sou	ght			Office h	eld		