CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. Ms / MRS / MR МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # CITY STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # MS / MRS / MR МΙ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN AREA CODE **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) **July 15** 8th day before election Reporting Limit 10 PERIOD Day Year Month COVERED THROUGH 2027 2027 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Other Day Year Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Kedrin Bell	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D
	4. TOTAL POLITICAL EXPENDITURES	\$ D
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ +
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$ -D
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
lec	quired to be reported by the brider Title 15, Election Code.	1
	_ Marker	<i>y</i>
	Signature of Ca	indidate or Officeholder
	Please complete either option below	v:
	r lease complete cities opacit soles	••
(1) Affidavit		
(1) Alliuavii		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
	which, witness my hand and seal of office.	
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declarati	OR OR	
, ,		
My name is _ K	and mv date of birth is	
My address is	(street) (city)	state) (zip code) (country)
Executed in Harris	County, State of Texas, on the 2 day of (mont	1/y . 20 24.
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	19 FILER NAME 20 Filer ID (Ethics Com			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1, SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOFILER	TIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to com	plete this f	orm.		1	Total pages Schedule A1:
2	FILER NAME					3	Filer ID (Ethics Commission Filers)
4	Date	_	of-state PAC (I			7	Amount of contribution (\$)
		6 Contributor address; Cit			Zip Code		
8	Principal occu	pation / Job title (See Instructions)	g	E mploy	yer (See Instruct	ions)
	Date	Full name of contributor	of-state PAC (I	ID#:			Amount of contribution (\$)
		Contributor address; Cit	у;		Zip Code		
	Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instruct	ions	
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of contribution (\$)
		Contributor address; Cit	y;		Zip Code		
	Principal occup	ration / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
	Date	Full name of contributor out-	of-state PAC (ID#:)		Amount of contribution (\$)
		Contributor address; City			Zip Code		
	Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	RIBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
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)	
Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF	

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ile B:
2	FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor ut-of-state PAC (ID#: 7 Pledgor address; City; Sta		8 Amount of Pledge \$	9 In-kind contribution description
				Check if travel outside	de of Texas. Complete Schedule T.
10) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	<u> </u>	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ite; Zip Code		
				Check if travel outsi	de of Texas, Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ite; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Insti			requirements.

SCHEDULE E **LOANS**

if the requested	Information is not applicable, DO NO	i include uns page in the re			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan					
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
Y N			i i maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1		
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	_	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral		ds were deposited into political		
none		account (See Instruct	tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide explain	is how to complete this form.					
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$						
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description					
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	slin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description					
	Check if Iravel outside of Texas, Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ti	The Instruction Guide explains how to complete this form.						
2 FILER NAME		3	Filer ID	(Ethics Co	mmission	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit		KKO EKYPE	Stat	e;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; Cit	t y ;	CERTE PER	Sta	te;	Zip Code	
	Description of investment						
	Amount of investment (\$)				¥)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Exper

Accounting/Banking Consulting Expense Contributions/Donations Made		rage Expense s/Memorials Expense			ense Transpo Travel Ir		ent & Related Expense
Candidate/Officeholder/Politi	,			Wages/Contract Lal			not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAG	GE FOR EACH CE	REDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILEF	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion					
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Credit	t Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	ule)	(b) Description			
Political Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule Ta	Ch	eck if Austin, TX, offic	ceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	t Card Issuer Paid		
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sched	ule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	c	heck if Austin, TX, off	iceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	ule)	(b) Description			
Political Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T		Check if Austin, TX, o	officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIES	OF THIS	SCHEDULE A	AS NEEDED		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Pr cal Committee Legal Services Sa	olling Expense inting Expense alaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Fayment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
political contributions intended		Turn tu	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	ule) (b) Description	
EXPENDITURE	(c) Check if Iravel outside of Texas, Complete Schedul	e T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sched	ule) Description	
	Check if travel outside of Texas. Complete Schedu	leT. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder пате	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this sched	ule) Description	
EXPENDITURE	Check if travel outside of Texas, Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEI	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explain	ns how to complete this form,			
1 Total pages Schedule H	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se	chedule) (b) Description			
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	chedule) Description			
	Check if travel outside of Texas, Complete Sci	nedule T Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regar	ding type of	f information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	f information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	e instructions rega	rding type o	f information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:					
2 FILER	NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received	8 Amount (\$)			
	6 Address of person from whom amount is received; City;	State; Zip Code			
	7 Purpose for which amount is received Chec	k if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City;	State; Zip Code			
	Purpose for which amount is received Chec	ck if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City;	State; Zip Code			
	Purpose for which amount is received	ck if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City;	State; Zip Code			
	Purpose for which amount is received Chec	ck if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers	3)			
4 Name of Contributor /	Corporation	or Labor O	rganization / Pledgor	/ Payee		
5 Contribution / Expendi	ture reported	on:				
	_		Schedule R/ IV	Schedule C2	Schedule D Sch	nedule F1
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel 7 Name of person(s) traveling						
-	8 Departu	e city or na	ame of departure loca	tion		
9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor /	Corporation	or Labor O	rganization / Pledgor	/ Payee		
Contribution / Expend	iture reported	l on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Sc	hedule F1
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	Kedrin Bell	2 Filer ID (Ethics Commission Filers)				
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	conly one:					
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
			Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
	Ø	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political copolitical contributions or interest or other income from political contributions.	f, after filing the last required report as				



Filer name

(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

OFFICE USE ONE				
Dale Received				
Date Hand-delivered or Date Postmarked				
Receipl #	Amount \$			
Date Processed				
Date Imaged				

OFFICE LICE ONLY

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID #

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the Find report due on Joly 15, 2024.

 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

NOTARY STAMP/SEAL	Signature of Filer		
Sworn to and subscribed before me by	this the	day of	
20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer admin	nistering oath	Title of officer administering oat	
OR			
(2) Unsworn Declaration			
My name is Kedrin Bell	and my date of birth is		
My address is _	- ICIIV) - (State)	(zip code) (codingy)	
Executed in Harris County, State of Texas, on the	day of July (month)	20 24 (year)	
	Signature of File	er (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER