#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00000036 20 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** Mr. Kenneth 07/15/2024 NAME NICKNAME **LAST SUFFIX** Bell Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 03/13/2024 06/30/2024 **EXPLANATION OF CORRECTION** There was one political expense missing from the original campaign finance report. I am amending the report to reflect that. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

Signature of Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_\_\_, this the \_\_\_\_\_\_ day

filed was made in good faith.

Mr. Kenneth Bell

of\_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Title of officer administering oath

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

Printed name of officer administering oath

Signature of officer administering oath

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH **COVER SHEET PG 1**

| The C/OH Instruction (        | Guide explains how to complete |                  | 1 Filer ID<br>(Ethics Commi<br>00000036 |                                   | 2 Total pages fil      | ed:<br>:0         |
|-------------------------------|--------------------------------|------------------|---|-----------------------------------|------------------------|-------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER |                                | RST              |   | MI                                | OFFICE U               | JSE ONLY          |
| NAME                          | Mr. Ke                         | enneth           |   |                                   | Date Received          |                   |
|                               |                                |                  |   |                                   | ELECTRONICA            | ALLY FILED        |
|                               | NICKNAME LA                    | \ST              |   | SUFFIX                            | 07/15/2024             |                   |
|                               | Be                             | ell              |   |                                   |                        |                   |
| 4 CANDIDATE /                 | ADDRESS / PO BOX; APT / SI     | JITE#; CITY      | <b>/</b> ;                              | ZIP CODE                          | Date Hand-delivered or | r Date Postmarked |
| OFFICEHOLDER<br>MAILING       | 1204 Avalon Dr.                |                  |   |                                   | Deceint "              | I a marana        |
| ADDRESS                       | Apt. E                         |                  |   |                                   | Receipt #              | Amount            |
| Change of Address             | El Paso, TX 79925              |                  |   |                                   | Date Processed         |                   |
|                               |                                |                  |   |                                   |                        |                   |
|                               |                                |                  |   |                                   | Date Imaged            |                   |
| 5 CAMPAIGN                    | MS / MRS / MR FIF              | RST              |   | MI                                |                        |                   |
| TREASURER<br>NAME             | Ms. Be                         | eatriz           |   |                                   |                        |                   |
| IVAIVIL                       |                                |                  |   |                                   |                        |                   |
|                               | NICKNAME LA                    | ST               | •••••                                   | SUFFIX                            |                        |                   |
|                               | Ve                             | era              |   |                                   |                        |                   |
|                               |                                |                  |   |                                   |                        |                   |
| 6 CAMPAIGN<br>TREASURER       | STREET ADDRESS (NO PO BO       | X PLEASE);       | AP'                                     | Γ / SUITE #; CITY                 | ; STA                  | ATE; ZIP CODE     |
| ADDRESS                       | 7149 Western Skies             |                  |   |                                   |                        |                   |
| (Residence or Business)       | House A                        |                  |   |                                   |                        |                   |
|                               | El Paso, TX 79912              |                  |   |                                   |                        |                   |
|                               |                                |                  |   |                                   |                        |                   |
| 7 CAMPAIGN<br>TREASURER       | AREA CODE PHONE N              | IUMBER E         | XTENSION                                |                                   |                        |                   |
| PHONE                         | (915) 500-9202                 |                  |   |                                   |                        |                   |
| 8 REPORT                      |                                |                  |   |                                   |                        |                   |
| TYPE                          | January 15                     | 30th day before  | election                                | Runoff                            | 15th day after car     |                   |
|                               |                                |                  |   |                                   | appointment (office    |                   |
|                               | X July 15                      | 8th day before e | lection                                 | Exceeded modified reporting limit | Final Report (Atta     | ach C/OH-FR)      |
| 9 PERIOD                      | Month Day Year                 |                  |   | Month Day                         | Year                   |                   |
| COVERED                       | 03/13/2024                     | TH               | ROUGH                                   | 06/30/20                          |                        |                   |
|                               |                                |                  |   |                                   |                        |                   |
| 10 ELECTION                   | ELECTION DATE                  |                  |   | ELECTION TYPE                     |                        |                   |
|                               | Month Day Year                 | Pri              | imary                                   | Runoff                            | Other                  |                   |
|                               | 11/05/2024                     | ΧGe              | eneral                                  | Special                           |                        |                   |
|                               |                                |                  |   |                                   |                        |                   |
| 11 OFFICE                     | OFFICE HELD (if any)           |                  |   | 12 OFFICE SOUGH                   |                        |                   |
|                               | None                           |                  |   | El Paso City Co                   | uncil District 3       |                   |
|                               | <u>l</u>                       |                  |   | <u> </u>                          |                        |                   |
|                               |                                |                  |   |                                   |                        |                   |
|                               |                                | CO T             | O PAGE 2                                |                                   |                        |                   |
|                               |                                | GUI              | O PAGE 2                                |                                   |                        |                   |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 20

| 13 C / OH NAME                                 | Bell, Kenneth (Mr.)  |   | <b>14</b> Filer ID 00000036   | (Ethics Commission Filers) |  |  |  |  |
|--|--|---|---|----------------------------|--|--|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.  | olitical contributions accepted or polit<br>These expenditures may have been not officeholders are required to report the | nade without the candidate's or offic   | eholder's knowledge or     |  |  |  |  |
| Additional Pages                               | COMMITTEE TYPE   | COMMITTEE NAME  |   |                            |  |  |  |  |
|  | GENERAL  |   |   |                            |  |  |  |  |
|  |  | COMMITTEE ADDRESS   |   |                            |  |  |  |  |
|  | SPECIFIC   |   |   |                            |  |  |  |  |
|  |  | COMMITTEE CAMPAIGN TREASUR  | RER NAME  |                            |  |  |  |  |
|  |  | COMMITTEE CAMPAIGN TREASUR  | RER ADDRESS   |                            |  |  |  |  |
| 16 CONTRIBUTION                                | 1. TOTAL UNITEM  | ZED POLITICAL CONTRIBUTIONS (   | OTHER THAN PLEDGES, LOANS,  | <u> </u>                   |  |  |  |  |
| TOTALS   |  | ES OF LOANS, OR CONTRIBUTIONS  AL CONTRIBUTIONS   | S MADE ELECTRONICALLY)  | \$ 0.00                    |  |  |  |  |
|  | <b>\$</b> 4,192.00   |   |   |                            |  |  |  |  |
| EXPENDITURE<br>TOTALS                          |  |   |   |                            |  |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES \$   |   |   |                            |  |  |  |  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICATION REPORTING PE   | AL CONTRIBUTIONS MAINTAINED /<br>RIOD   | AS OF THE LAST DAY OF THE   | <b>\$</b> 4,192.00         |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR   | AL AMOUNT OF ALL OUTSTANDING PERIOD   | G LOANS AS OF THE LAST DAY  | <b>\$</b> 1,450.00         |  |  |  |  |
| <b>17</b> AFFIDAVIT                            |  |   | under penalty of perjury, that the ac<br>nd includes all information required<br>ection Code. |                            |  |  |  |  |
|  |  |   | Mr. Kenneth Bell  |                            |  |  |  |  |
|  |  |   | Signature of Candidate or Officeho  | lder                       |  |  |  |  |
| AFFIX NO                                       | TARY STAMP / SEAL ABO  | OVE   |   |                            |  |  |  |  |
| Sworn to and subs                              | cribed before me, by the s   | nid   | , this the  | day                        |  |  |  |  |
|  |  | rtify which, witness my hand and sea  |   |                            |  |  |  |  |
| Signature of office                            | Signature of officer administering Printed name of officer administering Title of officer administering oath |   |   |                            |  |  |  |  |

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

|                 |   |   | C                          | OVER SHEET PG 3 4 of 20    |
|-----------------|---|---|----------------------------|----------------------------|
| 18 FILE<br>Bell |   | ME<br>neth (Mr.)  | <b>19</b> Filer ID 0000036 | (Ethics Commission Filers) |
|                 |   | E SUBTOTALS<br>SCHEDULE   |                            | SUBTOTAL AMOUNT            |
| 1.              | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                            | \$ 4,192.00                |
| 2.              |   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                            | \$                         |
| 3.              |   | SCHEDULE B: PLEDGED CONTRIBUTIONS   |                            | \$                         |
| 4.              | Х | SCHEDULE E: LOANS   |                            | <b>\$</b> 1,450.00         |
| 5.              | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:          | 5                          | \$ 2,404.31                |
| 6.              |   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                            | \$                         |
| 7.              |   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS                        | \$                         |
| 8.              |   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                            | \$                         |
| 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        | ONS                        | \$                         |
| 12.             |   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED                   | \$                         |
|                 |   |   |                            |                            |
|                 |   |   |                            |                            |
|                 |   |   |                            |                            |
|                 |   |   |                            |                            |
|                 |   |   |                            |                            |
|                 |   |   |                            |                            |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |    | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|---|------------------------------|----|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this fo  | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 1/10 Rpt: 5/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |   |                              | 3  | Filer ID (Ethics Commission 00000036            | n Filers)   |
| 4 | Date 04/20/2024            | Full name of contributor  |                              | 7  | Amount of Contribution (\$)                     | \$35.00     |
| _ |                            | Louisville, KY 40217  |                              |    |   |             |
| 8 | Principal occu             | ipation / Job title (See Instructions)  | 9 Employer (See Instructions | i) |   |             |
|   | Date 04/01/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Carbajal, Veronica (Ms.)<br>Contributor address; City; State; Zip Code        |                              |    | Amount of Contribution (\$)                     | \$500.00    |
|   | Principal occu             | El Paso, TX 79930 spation / Job title (See Instructions)  | Employer (See Instructions   | ;) |   |             |
|   | Date<br>06/26/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Carden, Jeanelle (Mrs.)<br>Contributor address; City; State; Zip Code         | )                            |    | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu             | Provo, UT 84606  upation / Job title (See Instructions)   | Employer (See Instructions   | 5) |   |             |
|   | Date 05/21/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Castillo, Francisco (Mr.)<br>Contributor address; City; State; Zip Code       |                              |    | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu             | Las Cruces, NM 88007  upation / Job title (See Instructions)  | Employer (See Instructions   | 5) |   |             |
|   | Date 04/16/2024            | Full name of contributor out-of-state PAC (ID#: Davis, Ouisa (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79935 |                              |    | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu             | upation / Job title (See Instructions)  | Employer (See Instructions   | )  |   |             |
|   |                            |   |                              |    |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |          | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|---|------------------------------|----------|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this fo  | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 2/10 Rpt: 6/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |   |                              | 3        | Filer ID (Ethics Commission 00000036            | n Filers)   |
| 4 | Date 04/16/2024            | Full name of contributor out-of-state PAC (ID#: Driscoll, Donald     Contributor address; City; State; Zip Code                           | )                            | 7        | Amount of Contribution (\$)                     | \$500.00    |
|   |                            | El Paso, TX 79930   |                              |          |   |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions | i)       |   |             |
|   | Date 04/16/2024            | Full name of contributor out-of-state PAC (ID#:_<br>Eke, Zito (Mr.)<br>Contributor address; City; State; Zip Code                         |                              |          | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu             | Horizon City , TX 79928  Ipation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u> |   |             |
|   | Date<br>06/06/2024         | Full name of contributor out-of-state PAC (ID#:_ Gainor, Lawrence (Mr.)  Contributor address; City; State; Zip Code  Gainsville, FL 32607 | )                            |          | Amount of Contribution (\$)                     | \$20.00     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)       |   |             |
|   | Date 03/29/2024            | Full name of contributor out-of-state PAC (ID#:_ Garcia, Monica (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79928      |                              |          | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>04/17/2024         | Full name of contributor out-of-state PAC (ID#:_ Genera, Richard (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79938     |                              |          | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u> |   |             |
|   |                            |   |                              |          |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                          |   | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 3/10 Rpt: 7/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |  |                              | 3 | Filer ID (Ethics Commission 00000036            | n Filers)   |
| 4 | Date<br>06/09/2024         | 5 Full name of contributor out-of-state PAC (ID#:_ Haupt, Paul (Mr.)  6 Contributor address; City; State; Zip Code                       |                              | 7 | Amount of Contribution (\$)                     | \$25.00     |
| _ |                            | El Paso, TX 79935  |                              |   |   |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>04/27/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Hennes, Ronald (Mr.)  Contributor address; City; State; Zip Code                     | )                            |   | Amount of Contribution (\$)                     | \$100.00    |
|   | Dringing! gage             | El Paso, TX 79902  | Employer (Co.) Instructions  |   |   |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>04/16/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Hinkle, Peggy (Mrs.)<br>Contributor address; City; State; Zip Code                   | )                            |   | Amount of Contribution (\$)                     | \$100.00    |
|   |                            | El Paso, TX 79925  |                              |   |   |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>06/11/2024         | Full name of contributor out-of-state PAC (ID#:_Hobley, Antonia (Ms.)  Contributor address; City; State; Zip Code  Soquel, CA 95073      |                              |   | Amount of Contribution (\$)                     | \$28.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>04/07/2024         | Full name of contributor out-of-state PAC (ID#:_ Jackson, Tina (Ms.)  Contributor address; City; State; Zip Code  Holloman AFB, NM 88330 |                              |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                            |  |                              |   |   |             |

|   | MONET              | ARY POLITICAL CONTRIBUTION   | DNS                          |          | SCHEDUL   | E <b>A1</b> |
|---|--------------------|--|------------------------------|----------|---|-------------|
|   | The Instru         | ction Guide explains how to complete this f  | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 4/10 Rpt: 8/20 |             |
| 2 | FILER NAME         |  |                              | 3        | Filer ID (Ethics Commission                     | n Filers)   |
| 4 | Bell, Kennet       |  |                              | 7        | 00000036  Amount of Contribution (\$)           |             |
| 4 | Date<br>04/16/2024 | <ul> <li>Full name of contributor out-of-state PAC (ID#:_ Limon, Jose &amp; Lilia</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )                            | <b>'</b> | Amount of Contribution (\$)                     | \$50.00     |
|   |                    | El Paso, TX 79925  |                              |          |   |             |
| 8 | Principal occu     | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)       |   |             |
|   | Date               | Full name of contributor out-of-state PAC (ID#:_   | )                            | Г        | Amount of Contribution (\$)                     |             |
|   | 06/08/2024         | Limon, Santos (Mr.)  |                              |          |   | \$100.00    |
|   |                    | Contributor address; City; State; Zip Code   |                              |          |   |             |
|   |                    | San Antonio, TX 78245  |                              |          |   |             |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions   | s)       |   |             |
|   | Date               | Full name of contributor out-of-state PAC (ID#:_   | )                            |          | Amount of Contribution (\$)                     |             |
|   | 06/30/2024         | Lugo, Judy (Ms.)  Contributor address; City; State; Zip Code   |                              |          |   | \$15.00     |
|   |                    | El Paso, TX 79930  |                              |          |   |             |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions   | s)       |   |             |
|   | Date               | Full name of contributor out-of-state PAC (ID#:_   | )                            |          | Amount of Contribution (\$)                     |             |
|   | 04/16/2024         | Marquez, Laura (Mrs.)  |                              |          |   | \$50.00     |
|   |                    | Contributor address; City; State; Zip Code   |                              |          |   |             |
|   |                    | El Paso, TX 79925  |                              |          |   |             |
|   | Principal occu     | ipation / Job title (See Instructions)   | Employer (See Instructions   | 5)       |   |             |
|   | Date               | Full name of contributor out-of-state PAC (ID#:_   | )                            | Г        | Amount of Contribution (\$)                     |             |
|   | 04/16/2024         | McDaniel, Tim (Mr.)  |                              |          |   | \$20.00     |
|   |                    | Contributor address; City; State; Zip Code   |                              |          |   |             |
|   |                    | El Paso, TX 79905  |                              |          |   |             |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   |                    |  | 1                            |          |   |             |
|   |                    |  |                              |          |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                          |   | SCHEDUL   | E <b>A1</b> |
|---|----------------------------|--|------------------------------|---|---|-------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 5/10 Rpt: 9/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |  |                              | 3 | Filer ID (Ethics Commission 00000036            | n Filers)   |
| 4 | Date 05/21/2024            | 5 Full name of contributor out-of-state PAC (ID#:_ McGregor , Robertson  6 Contributor address; City; State; Zip Code                |                              | 7 | Amount of Contribution (\$)                     | \$50.00     |
| _ |                            | El Paso, TX 79902  |                              |   |   |             |
| 8 | Principal occu             | ipation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>03/27/2024         | Full name of contributor out-of-state PAC (ID#:_Mckie, Laura (Mrs.)  Contributor address; City; State; Zip Code                      |                              |   | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu             | Laurel, MD 20707  upation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | i illicipai occa           | pation 7 oob title (occ instructions)  | Employer (See Manacions      | , |   |             |
|   | Date<br>04/16/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Mesta, Alberto (Mr.)<br>Contributor address; City; State; Zip Code               | )                            |   | Amount of Contribution (\$)                     | \$75.00     |
|   |                            | El Paso, TX 79902  |                              |   |   |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>06/13/2024         | Full name of contributor out-of-state PAC (ID#:_Mesta, Alberto (Mr.)  Contributor address; City; State; Zip Code                     |                              |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu             | El Paso, TX 79902  upation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   | Date<br>06/13/2024         | Full name of contributor out-of-state PAC (ID#:_ Nwosu, Nnabugwu  Contributor address; City; State; Zip Code  Hyattsville , MD 20783 |                              |   | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |             |
|   |                            |  |                              |   |   |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                          |   | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|--|------------------------------|---|--|-------------|
|   | The Instru                 | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 6/10 Rpt: 10/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |  |                              | 3 | Filer ID (Ethics Commission 00000036             | n Filers)   |
| 4 | Date 04/17/2024            | 5 Full name of contributor out-of-state PAC (ID#:_ Ow, Jane (Ms.)  6 Contributor address; City; State; Zip Code                      |                              | 7 | Amount of Contribution (\$)                      | \$30.00     |
| 0 | Dringing ogg               | El Paso, TX 79912  | Employer /See Instructions   |   |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |  |             |
|   | Date<br>06/30/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Padilla, Ashley (Ms.)<br>Contributor address; City; State; Zip Code              |                              |   | Amount of Contribution (\$)                      | \$20.00     |
|   | Principal occu             | El Paso, TX 79938 pation / Job title (See Instructions)  | Employer (See Instructions   |   |  |             |
|   | i illicipai occu           | pation 7 300 title (See manuchons)   | Employer (See maiructions    | , |  |             |
|   | Date<br>04/17/2024         | Full name of contributor out-of-state PAC (ID#: Paz, Javier (Mr.)  Contributor address; City; State; Zip Code                        | )                            |   | Amount of Contribution (\$)                      | \$100.00    |
|   |                            | El Paso, TX 79932  |                              |   |  |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |             |
|   | Date<br>04/16/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Peregrino, Sylvia<br>Contributor address; City; State; Zip Code                  |                              |   | Amount of Contribution (\$)                      | \$25.00     |
|   | Principal occu             | El Paso, TX 79938<br>pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>05/27/2024         | Full name of contributor out-of-state PAC (ID#:_ Pierre, Fainot (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79904 |                              |   | Amount of Contribution (\$)                      | \$30.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |             |
|   |                            | ·  |                              |   |  |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   | ONS                          |    | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|--|------------------------------|----|--|-------------|
|   | The Instru                 | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 7/10 Rpt: 11/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |  |                              | 3  | Filer ID (Ethics Commission 00000036             | n Filers)   |
| 4 | Date 03/28/2024            | Full name of contributor   |                              | 7  | Amount of Contribution (\$)                      | \$250.00    |
|   |                            | El Paso, TX 79907  |                              |    |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i) |  |             |
|   | Date<br>06/13/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Romero, Samantha (Ms.)<br>Contributor address; City; State; Zip Code | )                            |    | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu             | Houston, TX 77047  pation / Job title (See Instructions)   | Employer (See Instructions   | :) |  |             |
|   |                            | ,  |                              | _  |  |             |
|   | Date 04/15/2024            | Full name of contributor out-of-state PAC (ID#: Sandoval, Rosio (Ms.)  Contributor address; City; State; Zip Code        | )                            |    | Amount of Contribution (\$)                      | \$25.00     |
|   |                            | Salinas, CA 93907  |                              |    |  |             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | i) |  |             |
|   | Date<br>05/31/2024         | Full name of contributor out-of-state PAC (ID#:_ Sandoval, Rosio (Ms.)  Contributor address; City; State; Zip Code       |                              |    | Amount of Contribution (\$)                      | \$25.00     |
|   | Principal occu             | Salinas, CA 93907  pation / Job title (See Instructions)   | Employer (See Instructions   | 5) |  |             |
|   | Date<br>04/16/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Schulte, Kim (Ms.)<br>Contributor address; City; State; Zip Code     |                              |    | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |  |             |
|   |                            |  |                              |    |  |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |                   | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|------------------------------|-------------------|--|-------------|
|   | The Instru                 | ction Guide explains how to complete this fo  | orm.                         | 1                 | Total pages Schedule A1:<br>Sch: 8/10 Rpt: 12/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |   |                              | 3                 | Filer ID (Ethics Commission 00000036             | n Filers)   |
| 4 | Date 04/14/2024            | Full name of contributor  |                              | 7                 | Amount of Contribution (\$)                      | \$400.00    |
|   |                            | El Paso, TX 79912   |                              |                   |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)                |  |             |
|   | Date<br>05/20/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Tamayo, Elisa (Ms.)<br>Contributor address; City; State; Zip Code                   |                              |                   | Amount of Contribution (\$)                      | \$31.00     |
|   | Principal occu             | El Paso, TX 79902<br>Ipation / Job title (See Instructions)   | Employer (See Instructions   | )<br>5)           |  |             |
|   | Date<br>04/18/2024         | Full name of contributor out-of-state PAC (ID#: Taylor, Karam (Mr.)  Contributor address; City; State; Zip Code  Beltsville , TX 20705  | )                            |                   | Amount of Contribution (\$)                      | \$26.00     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>5)    |  |             |
|   | Date<br>05/19/2024         | Full name of contributor out-of-state PAC (ID#:_ Taylor, Karam (Mr.)  Contributor address; City; State; Zip Code  Beltsville , TX 20705 |                              |                   | Amount of Contribution (\$)                      | \$26.00     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>  (i) |  |             |
|   | Date<br>06/19/2024         | Full name of contributor out-of-state PAC (ID#:_ Taylor, Karam (Mr.)  Contributor address; City; State; Zip Code  Beltsville, TX 20705  | )                            |                   | Amount of Contribution (\$)                      | \$26.00     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)                |  |             |
|   |                            |   |                              |                   |  |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |       | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|------------------------------|-------|--|-------------|
|   | The Instru                 | ction Guide explains how to complete this f   | orm.                         | 1     | Total pages Schedule A1:<br>Sch: 9/10 Rpt: 13/20 |             |
| 2 | FILER NAME<br>Bell, Kennet |   |                              | 3     | Filer ID (Ethics Commission 00000036             | n Filers)   |
| 4 | Date 04/02/2024            | 5 Full name of contributor out-of-state PAC (ID#:_ Taylor, Kevin (Mr.)  6 Contributor address; City; State; Zip Code                    |                              | 7     | Amount of Contribution (\$)                      | \$50.00     |
| _ | <u> </u>                   | Forestville , MD 20747  | 10 - 1 (0 1 1 1              |       |  |             |
| 8 | Principal occu             | ipation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)    |  |             |
|   | Date<br>05/03/2024         | Full name of contributor out-of-state PAC (ID#:_ Taylor, Kevin (Mr.)  Contributor address; City; State; Zip Code                        |                              |       | Amount of Contribution (\$)                      | \$25.00     |
|   | Principal occu             | Forestville , MD 20747  upation / Job title (See Instructions)  | Employer (See Instructions   | )<br> |  |             |
|   | · ····oipaii ooda          | parent year and (eee measure)   |                              | ,     |  |             |
|   | Date<br>04/08/2024         | Full name of contributor out-of-state PAC (ID#:_ Tirado, Jean-Carlo (Mr.)  Contributor address; City; State; Zip Code                   |                              |       | Amount of Contribution (\$)                      | \$50.00     |
|   |                            | El Paso, TX 79925   |                              |       |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)    |  |             |
|   | Date<br>06/14/2024         | Full name of contributor out-of-state PAC (ID#:_<br>Trejos, Ronnie (Mr.)<br>Contributor address; City; State; Zip Code                  |                              |       | Amount of Contribution (\$)                      | \$10.00     |
|   | Principal occu             | Savannah, GA 31407  upation / Job title (See Instructions)  | Employer (See Instructions   |       |  |             |
|   | r inicipal occu            | pation 7 300 title (See instructions)   | Employer (See instructions   | ')    |  |             |
|   | Date<br>04/16/2024         | Full name of contributor out-of-state PAC (ID#:_Valenzuela, Dianna (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79925 |                              |       | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu             | Ipation / Job title (See Instructions)  | Employer (See Instructions   | 5)    |  |             |
|   |                            |   | 1                            |       |  |             |

|   | MONET           | ARY POLITICAL CONTRIBUTION  | ONS                          |                             | SCHEDUL   | E <b>A1</b> |
|---|-----------------|---|------------------------------|-----------------------------|---|-------------|
|   | The Instru      | ction Guide explains how to complete this f                       | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 10/10 Rpt: 14/20 |             |
| 2 | FILER NAME      |   | 3                            | Filer ID (Ethics Commission | n Filers)   |             |
|   | Bell, Kennet    | :h (Mr.)  |                              |                             | 00000036  |             |
| 4 | Date 04/16/2024 | <ul> <li>Full name of contributor</li></ul>                       | )                            | 7                           | Amount of Contribution (\$)                       | \$25.00     |
|   |                 | El Paso, TX 79912   |                              |                             |   |             |
| 8 | Principal occu  | upation / Job title (See Instructions)                            | 9 Employer (See Instructions | 5)                          |   |             |
|   | Date            | Full name of contributor   out-of-state PAC (ID#:_                | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 04/25/2024      | Vera, Beatriz (Ms.)   |                              |                             |   | \$100.00    |
|   |                 | Contributor address; City; State; Zip Code                        |                              |                             |   |             |
|   |                 | El Paso, TX 79912   |                              |                             |   |             |
|   | Principal occu  | upation / Job title (See Instructions)                            | Employer (See Instructions   | s)                          |   |             |
|   | Date            | Full name of contributor  uut-of-state PAC (ID#:_                 | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 06/28/2024      | Williams, Casey (Mr.)  Contributor address; City; State; Zip Code |                              |                             |   | \$100.00    |
|   |                 | El Paso, TX 79925   |                              |                             |   |             |
|   | Principal occu  | upation / Job title (See Instructions)                            | Employer (See Instructions   | 5)                          |   |             |
|   | Date            | Full name of contributor out-of-state PAC (ID#:_                  | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 05/29/2024      | Winbush, Prince (Mr.)   |                              |                             |   | \$250.00    |
|   |                 | Contributor address; City; State; Zip Code                        |                              |                             |   |             |
|   |                 | Chicago, IL 60617   |                              |                             |   |             |
|   | Principal occu  | upation / Job title (See Instructions)                            | Employer (See Instructions   | s)                          |   |             |
|   | Date            | Full name of contributor out-of-state PAC (ID#:_                  | )                            |                             | Amount of Contribution (\$)                       |             |
|   | 04/25/2024      | del Socorro Limon, Maria (Ms.)                                    |                              |                             |   | \$100.00    |
|   |                 | Contributor address; City; State; Zip Code                        |                              |                             |   |             |
|   |                 | Austin, TX 78723  |                              |                             |   |             |
|   | Principal occu  | upation / Job title (See Instructions)                            | Employer (See Instructions   | s)                          |   |             |
|   |                 |   |                              |                             |   |             |

|    | LOANS                              |   |                |                            |                 | SCHEDULE E                                      |
|----|------------------------------------|---|----------------|----------------------------|-----------------|---|
|    | The Instruction                    | on Guide explains how to compl          | ete this f     | orm.                       | I               | pages Schedule E:<br>L/1 Rpt: 15/20             |
| 2  | FILER NAME Bell, Kenneth (N        | Лr.)                                    |                |                            |                 | ) (Ethics Commission Filers)                    |
| 4  | TOTAL OF UN                        | NITEMIZED LOANS                         |                |                            | <b>I</b>        | \$  |
| 5  | Date of loan 03/14/2024            | 7 Name of lender ou Bell, Kenneth (Mr.) | ut-of-state PA | C (ID#:                    |                 | 9 Loan Amount (\$)<br>\$1,450.00                |
| 6  | Is lender a financial institution? | 8 Lender address; City;                 | State;         | Zip Code                   |                 | 10 Interest Rate                                |
|    | No                                 | El Paso, TX 79925                       |                |                            |                 | 11 Maturity Date                                |
| 12 | Principal occupati                 | on / Job title (See Instructions)       |                | 13 Employer (See Instruct  | ions)           |   |
| 14 | Description of Col                 | lateral                                 |                | 15 Check if personal funds | s were deposite | ed into political account<br>(See Instructions) |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor                    |                | <u> </u>                   |                 | 19 Amount Guaranteed (\$)                       |
|    | X not applicable                   | 18 Guarantor address; City;             | State;         | Zip Code                   |                 |   |
|    |                                    |   |                |                            |                 |   |
| 20 | Principal occupati                 | on                                      |                | 21 Employer (See Instruct  | ions)           |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |
|    |                                    |   |                |                            |                 |   |

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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 Travel in District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|----------|--|---|
| ┰        | Total pages Schedule F1:   |   |
| 1        | Sch: 1/5 Rpt: 16/20  | 2 FILER NAME Bell, Kenneth (Mr.)  3 Filer ID (Ethics Commission Filers) 00000036  |
| 4        | Date   | 5 Payee name  |
|          | 04/16/2024   | Andale's Mexican Restaurant and Cantina   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$256.52   | 9201 Gateway West   |
|          |  |   |
|          |  | El Paso, TX 79925   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Food/Beverage Expense   |
|          | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
|          |  | Food for launch party   |
|          |  |   |
| 9        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI  |   |
|          | Date   | Payee name  |
|          | 06/30/2024   | Anedot  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$140.28   | 1920 Mckinney Ave   |
|          |  |   |
|          |  | Dallas, TX 75201  |
|          | PURPOSE  | (a) a   |
|          | OF   | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          |  | Online donor processing fees.   |
|          |  |   |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI  | 1   |
|          | Date   | Payee name  |
|          | 06/24/2024   | Campaign Verify   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$95.00  | 1215 31st Street NW   |
|          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | PO Box 3554   |
|          |  |   |
|          |  | Washington, DC 20007  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                    |
|          |  | Text messaging verification   |
|          |  | Toxt messaging vermeation   |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI  |   |
|          |  |   |
|          |  |   |
|          |  |   |

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Credit Card Payment  | The Instruction Guide explains how to comple  | ete this form.   |
|---|--|---|--|
| 1 | Total pages Schedule F1:<br>Sch: 2/5 Rpt: 17/20            | 2 FILER NAME Bell, Kenneth (Mr.)  | 3 Filer ID (Ethics Commission Filers) 00000036   |
| 4 | Date 06/05/2024  | 5 Payee name<br>Cognent   | ·  |
| 6 | Amount (\$)<br>\$375.00                                    | 7 Payee address; City; State; Zip Code<br>PO BOX 536421   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | Orlando, FL 32853  (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Yard Signs  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought   | Office held  |
|   | Date<br>03/27/2024   | Payee name<br>Squarespace   |  |
|   | Amount (\$)<br>\$204.67                                    | Payee address; City; State; Zip Code 225 Varick Street  New York City, NY 10013                         |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Advertising Expense                    | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website        |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought   | Office held  |
|   | Date 03/28/2024  | Payee name<br>Squarespace   |  |
|   | Amount (\$)<br>\$12.00                                     | Payee address; City; State; Zip Code 225 Varick Street  |  |
|   |  | New York City, NY 10013   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense                   | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Domain Name |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought   | Office held  |
|   |  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 3/5 Rpt: 18/20                                    | Bell, Kenneth (Mr.) 00000036   |
| 4 | Date   | 5 Payee name   |
|   | 04/18/2024   | Target   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$17.83  | 6001 Gateway West  |
|   |  | FI Dogg TV 7002F   |
| _ | BUBBOCE  | El Paso, TX 79925  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.    |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Stationary   |
| _ | Operation ONLY if allowed                              | Out district Office held   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH    | Candidate/Officeholder name Office sought Office held  |
| _ | Date   | Davis same   |
|   | 04/22/2024   | Payee name Texas Democratic Party  |
| _ | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$605.00   | P.O. Box 15707   |
|   | ,  |  |
|   |  | Austin, TX 78761   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  VAN Access   |
|   |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             | 1  |
|   | Date   | Payee name   |
|   | 05/01/2024   | The Print Co.  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$82.00  | 6312 Edgemere Blvd   |
|   |  |  |
|   |  | El Paso, TX 79925  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Business Cards   |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   |  |  |
|   |  |  |
|   |  |  |

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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:<br>Sch: 4/5 Rpt: 19/20           | 2 FILER NAME Bell, Kenneth (Mr.)  3 Filer ID (Ethics Commission Filers) 00000036   |
| 4 | Date 04/01/2024   | 5 Payee name<br>Tirado, Jean-Carlo (Mr.)   |
| 6 | Amount (\$)<br>\$350.00                                   | 7 Payee address; City; State; Zip Code<br>9375 Viscount Blvd<br>Apt 1009<br>El Paso, TX 79925  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Graphic Design work |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  |
|   | Date<br>04/25/2024  | Payee name United States Postal Service  |
|   | Amount (\$)<br>\$13.60                                    | Payee address; City; State; Zip Code 8401 Boeing Dr  |
|   |   | El Paso, TX 79925  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Stamps              |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought Office held  |
|   | Date 03/18/2024   | Payee name<br>Wells Fargo  |
|   | Amount (\$)<br>\$37.41                                    | Payee address; City; State; Zip Code<br>2340 N Mesa St   |
|   |   | El Paso, TX 79902  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checkbook            |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought Office held  |
|   |   |  |

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>al Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>Legal Services<br>The Instruction Guide | pense Printing<br>Salaries | Expense Expense :/Wages/Contract Labor complete this form. |            | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | trict<br>category not listed above) |
|---|--|---------------------|---|----------------------------|--|------------|---|-------------------------------------|
| 1 | Total pages Schedule F1:   | 1                   |   |                            |  | - 1        | Filer ID  | (Ethics Commission Filers)          |
| L | Sch: 5/5 Rpt: 20/20  |                     | neth (Mr.)  |                            |  |            | 00000036  |                                     |
| 4 | Date   | 5 Payee nar         |   |                            |  |            |   |                                     |
| L | 06/06/2024   | Zapa Gra            |   |                            |  |            |   |                                     |
| 6 | Amount (\$)  | 7 Payee add         |   | State; Zip (               | Code   |            |   |                                     |
|   | \$215.00   |                     | ckham Ave   |                            |  |            |   |                                     |
|   |  | Suite 100           |   |                            |  |            |   |                                     |
| L |  |                     | TX 79904  |                            | T  |            |   |                                     |
| 8 | PURPOSE<br>OF  |                     | (See Categories listed at the to  | op of this schedule)       | (b) Description  | vol outcid | o of Toyon Com  | plete Schedule T.                   |
|   | EXPENDITURE  | Advertisi           | ng Expense  |                            | <u> </u>   |            | officeholder living                                       |                                     |
|   |  |                     |   |                            | 4X4 Signs  |            |   |                                     |
|   |  |                     |   |                            |  |            |   |                                     |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  |                     | Officeholder name   | Office so                  | ought  |            | Office he   | eld                                 |
|   |  |                     |   |                            |  |            |   |                                     |