

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00000036		2 Total pages filed: 21		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kenneth		MI	ELECTRONICALLY FILED 07/15/2024	
	NICKNAME	LAST Bell		SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
		03/13/2024	THROUGH		06/30/2024	

6 EXPLANATION OF CORRECTION
Previous report did not have the correct contribution balance maintained as of the last day of the filing period.

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

Mr. Kenneth Bell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000036	2 Total pages filed: 21				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kenneth	MI MI	OFFICE USE ONLY			
	NICKNAME	LAST Bell	SUFFIX		Date Received ELECTRONICALLY FILED 07/15/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1204 Avalon Dr. Apt. E El Paso, TX 79925			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Beatriz	MI MI				
	NICKNAME	LAST Vera	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7149 Western Skies House A El Paso, TX 79912						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	500-9202					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		03/13/2024				06/30/2024	
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		11/05/2024		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
	None						
				El Paso City Council District 3			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bell, Kenneth (Mr.) **14 Filer ID** (Ethics Commission Filers)
00000036

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,192.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,404.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,787.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,450.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Kenneth Bell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Bell, Kenneth (Mr.)	19 Filer ID (Ethics Commission Filers) 00000036
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,192.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,450.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,404.31
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 5/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balakos, Alena (Ms.) 6 Contributor address; City; State; Zip Code 2544 Ridgewood Avenue Louisville, KY 40217	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Veronica (Ms.) Contributor address; City; State; Zip Code 3016 Wheeling Ave El Paso, TX 79930	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carden, Jeanelle (Mrs.) Contributor address; City; State; Zip Code 1037 East 360 South Provo, UT 84606	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Francisco (Mr.) Contributor address; City; State; Zip Code 2712 N. Valley Dr Las Cruces, NM 88007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ouisa (Ms.) Contributor address; City; State; Zip Code 10505 Cuesta Brava Ln El Paso, TX 79935	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 6/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Donald	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1311 Elm St El Paso, TX 79930	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eke, Zito (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 13433 Pine Valley Avenue Horizon City , TX 79928	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gainor, Lawrence (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 501 Southwest 75th Terrace Gainesville, FL 32607	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Monica (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 134 Green Desert Cir El Paso, TX 79928	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genera, Richard (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 12727 Tierra Este Road Apt 110 El Paso, TX 79938	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 06/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haupt, Paul (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 10813 Vista Lomas Drive El Paso, TX 79935	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennes, Ronald (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 1311 Arizona Avenue El Paso, TX 79902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkle, Peggy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 8517 Hopewell Drive El Paso, TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobley, Antonia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 3922 Fairway Drive Soquel, CA 95073	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 2813 Quay Loop Apt B Holloman AFB, NM 88330	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 8/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose & Lilia <hr/> 6 Contributor address; City; State; Zip Code 1301 Lonewood Dr El Paso, TX 79925	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Santos (Mr.) <hr/> Contributor address; City; State; Zip Code 702 Richland Hills Dr San Antonio, TX 78245	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code 3225 Monroe Avenue El Paso, TX 79930	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Laura (Mrs.) <hr/> Contributor address; City; State; Zip Code 3017 Orkney Rd. El Paso, TX 79925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Tim (Mr.) <hr/> Contributor address; City; State; Zip Code 5909 Brazos Avenue El Paso, TX 79905	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGregor , Robertson <hr/> 6 Contributor address; City; State; Zip Code 1013 W Yandell El Paso, TX 79902	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mckie, Laura (Mrs.) <hr/> Contributor address; City; State; Zip Code 16113 Jerald Rd Laurel, MD 20707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesta, Alberto (Mr.) <hr/> Contributor address; City; State; Zip Code 1206 Mesita Dr El Paso, TX 79902	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesta, Alberto (Mr.) <hr/> Contributor address; City; State; Zip Code 1206 Mesita Dr El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Nnabugwu <hr/> Contributor address; City; State; Zip Code 8004 18th Ave Hyattsville , MD 20783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ow, Jane (Ms.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code 1247 Hidden Desert Ln El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Ashley (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 14444 Russell Borea El Paso, TX 79938	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Javier (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5905 Westside Drive El Paso, TX 79932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peregrino, Sylvia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 12452 Robert Dahl El Paso, TX 79938	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, Fainot (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 3614 Titanic Avenue El Paso, TX 79904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 11/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza, Ana (Ms.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 9133 Cuernavaca Drive El Paso, TX 79907	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Samantha (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 12807 Boris Cove Trail Houston, TX 77047	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Rosio (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 572 Paradise Rd Salinas, CA 93907	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Rosio (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 572 Paradise Rd Salinas, CA 93907	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7956 Morning Dawn El Paso, TX 79932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 12/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen (Dr.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code 7289 Cactus Spine Lane El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamayo, Elisa (Ms.)	Amount of Contribution (\$) \$31.00
	Contributor address; City; State; Zip Code 4433 North Stanton Street Apt 18 El Paso, TX 79902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Karam (Mr.)	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code 11527 Old Baltimore Pike Beltsville , TX 20705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Karam (Mr.)	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code 11527 Old Baltimore Pike Beltsville , TX 20705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Karam (Mr.)	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code 11527 Old Baltimore Pike Beltsville , TX 20705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 13/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kevin (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 7129 Cross Street Forestville , MD 20747	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Kevin (Mr.) <hr/> Contributor address; City; State; Zip Code 7129 Cross Street Forestville , MD 20747	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Jean-Carlo (Mr.) <hr/> Contributor address; City; State; Zip Code 9375 Viscount Blvd Apt 1009 El Paso, TX 79925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trejos, Ronnie (Mr.) <hr/> Contributor address; City; State; Zip Code 17 Falkland Ave Savannah, GA 31407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Dianna (Ms.) <hr/> Contributor address; City; State; Zip Code 7400 Dempsey Ave El Paso, TX 79925	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 14/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Victor (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 6435 Los Robles Drive El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Beatriz (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 7101 N Mesa St Apt 119 El Paso, TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Casey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 3627 Mattox St El Paso, TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winbush, Prince (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 10322 S Commercial Ave Chicago, IL 60617	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) del Socorro Limon, Maria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 1402 Cloverleaf Dr Austin, TX 78723	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 15/21
2 FILER NAME Bell, Kenneth (Mr.)		3 Filer ID (Ethics Commission Filers) 00000036
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/14/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Kenneth (Mr.)	9 Loan Amount (\$) \$1,450.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1204 Avalon Drive Apt E El Paso, TX 79925	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 16/21	2 FILER NAME Bell, Kenneth (Mr.)	3 Filer ID (Ethics Commission Filers) 00000036
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4 Date 04/16/2024	5 Payee name Andale's Mexican Restaurant and Cantina
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6 Amount (\$) \$256.52	7 Payee address; City; State; Zip Code 9201 Gateway West El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for launch party
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2024	Payee name Anedot
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Amount (\$) \$140.28	Payee address; City; State; Zip Code 1920 Mckinney Ave Dallas, TX 75201
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donor processing fees.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2024	Payee name Campaign Verify
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Amount (\$) \$95.00	Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging verification
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 17/21	2 FILER NAME Bell, Kenneth (Mr.)	3 Filer ID (Ethics Commission Filers) 00000036
4 Date 06/05/2024	5 Payee name Cogent	
6 Amount (\$) \$375.00	7 Payee address; City; State; Zip Code PO BOX 536421 Orlando, FL 32853	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2024	Payee name Squarespace	
Amount (\$) \$204.67	Payee address; City; State; Zip Code 225 Varick Street New York City, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2024	Payee name Squarespace	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 225 Varick Street New York City, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 18/21	2 FILER NAME Bell, Kenneth (Mr.)	3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/18/2024	5 Payee name Target	
6 Amount (\$) \$17.83	7 Payee address; City; State; Zip Code 6001 Gateway West El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stationary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2024	Payee name Texas Democratic Party	
Amount (\$) \$605.00	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name The Print Co.	
Amount (\$) \$82.00	Payee address; City; State; Zip Code 6312 Edgemere Blvd El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 19/21	2 FILER NAME Bell, Kenneth (Mr.)	3 Filer ID (Ethics Commission Filers) 00000036
4 Date 04/01/2024	5 Payee name Tirado, Jean-Carlo (Mr.)	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 9375 Viscount Blvd Apt 1009 El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2024	Payee name United States Postal Service	
Amount (\$) \$13.60	Payee address; City; State; Zip Code 8401 Boeing Dr El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Wells Fargo	
Amount (\$) \$37.41	Payee address; City; State; Zip Code 2340 N Mesa St El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checkbook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 20/21	2 FILER NAME Bell, Kenneth (Mr.)	3 Filer ID (Ethics Commission Filers) 00000036
4 Date 06/06/2024	5 Payee name Zapa Graphics	
6 Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4X4 Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 21/21

FILER NAME
Bell, Kenneth (Mr.)

Filer ID (Ethics Commission Filers)
00000036

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Report Info	Report	100000279
TOT_CNTRB_BALANC	Report	