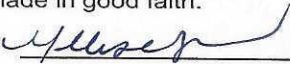



CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <u>N/A</u>		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Hon.</u>	FIRST <u>Melissa</u>	MI <u>J</u>	Date Received <u>2024 APR 2</u>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED JOHN SWARTZ COUNTY CLERK DALLAS COUNTY TX</div>
	NICKNAME	LAST <u>Bellan</u>	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report			Receipt #	Amount \$
	<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 treasurer appointment (officeholder only) Other (specify) _____			Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year			Date Imaged	
	<u>1 / 1 / 23</u> <u>6 / 30 / 23</u>				
6 EXPLANATION OF CORRECTION <u>In reconciling my reports, I discovered a math discrepancy which ultimately lead me to discover a check deposited in 2023 was returned because the account had been closed. This amendment is to remove that contribution and the original contributor was been notified.</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <div style="text-align: center;"><u></u> Signature of Candidate/Officeholder</div>					
Please complete either option below:					
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath <div style="text-align: center; background-color: black; color: white; padding: 2px;">OR</div>					
(2) Unsworn Declaration My name is <u>Melissa Bellan</u> , and my date of birth is <u>10/31/77</u> . My address is <u>P.O. Box 570708</u> , <u>Dallas</u> , <u>TX</u> , <u>75357</u> , <u>USA</u> . (street) (city) (state) (zip code) (country) Executed in <u>Dallas</u> County, State of <u>Texas</u> , on the <u>27</u> day of <u>April</u> , 20 <u>23</u> . (month) (year) <div style="text-align: center;"><u></u> Signature of Candidate/Officeholder (Declarant)</div>					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED FORM JC/OH
JOHN F. WARREN
COVER SHEET PG 1
DALLAS COUNTY, TEXAS

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

MA

2023

2 Total pages filed:

JUL 17 AM 11:07 25

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mo.

Helena

J

NICKNAME

LAST

SUFFIX

Bellan

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 57070

Dallas TX

75357

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 69-8870

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

me

Helena

J

NICKNAME

LAST

SUFFIX

Bellan

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 57070

Dallas

TX

75357

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 601-8870

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 2023

THROUGH

6 / 30 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 6 / 22

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Judge CCL #2

13 OFFICE SOUGHT (if known)

Judge CCL #2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 39,790.67
~~44,790.67~~

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 316.68

4. TOTAL POLITICAL EXPENDITURES

\$ ~~44~~ 4,114.97

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 116,629.97

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

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.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Melissa Bellan, and my date of birth is 10/31/77

My address is P.O. Box 570708, Dallas, TX, 75228, USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Dallas County, State of TX, on the 27th day of April, 2024

(month)

(year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39,790.67 \$ 44,790.67
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3790.29
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13
2 FILER NAME Melissa Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Miller Weisbrod Olesky LLP 6 Contributor address; City; State; Zip Code 11551 Forest Central Dr. Dallas TX 75213 Ste 300	7 Amount of contribution (\$) 5000.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: C000312777 Cozen O'Connor PAC Contributor address; City; State; Zip Code 1060 Market Street Philadelphia PA 19103	Amount of contribution (\$) 1000.00
Contributor's principal occupation Law Firm		Contributor's job title Law Firm
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Law Office of Yan Shaw 2723 Contributor address; City; State; Zip Code 2723 Fairmont St Dallas TX 75201	Amount of contribution (\$) 5000.00
Contributor's principal occupation Law Firm		Contributor's job title Law Firm
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bullen

3 Filer ID (Ethics Commission Filers)

NA

4 Date

2/28/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Jeffrey M. Tulacz, P.C.

7 Amount of contribution (\$)

5000.00

6 Contributor address;

City;

State;

Zip Code

1807 Ross Avenue Dallas TX 75201
84325

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

Law Firm

10 Contributor's employer/law firm

NA

11 Law firm of contributor's spouse (if any)

NA

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

☐ out-of-state PAC ID#:

Dan McClain

Amount of contribution (\$)

70.00

Contributor address;

City;

State;

Zip Code

3701 Turtle Creek Dallas TX 75219
Unit 84

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Farmer's Insurance

Law firm of contributor's spouse (if any)

NA

If contributor is a child, law firm of parent(s) (if any)

NA

Date

2/28/23

Full name of contributor

☐ out-of-state PAC ID#:

Joseph & Debra Persner

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2901 Chapman Rd. Plano TX 75093

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Butler

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Black Davis Sanger LLP

7 Amount of contribution (\$)

1000.00

6 Contributor address:

6001 Bold Ruler Way
Ste 100

City:

Austin

State:

TX

Zip Code

78746

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

Sing Whidden PLLC

☐ out-of-state PAC ID#:

Amount of contribution (\$)

160.00

Contributor address:

8111 LBJ Fwy
Ste 480

City:

Dallas

State:

TX

Zip Code

75251

Contributor's principal occupation

Law Firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

Gregg Oberg

☐ out-of-state PAC ID#:

Amount of contribution (\$)

1000.00

Contributor address:

121 Country View

City:

Garland

State:

TX

Zip Code

75043

Contributor's principal occupation

Attorney

Contributor's job title

attorney

Contributor's employer/law firm

Oberg Law Office

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellan

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/23

5 Full name of contributor

Bell Nunnally

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

1000.00

6 Contributor address;

2323 Ross Avenue Dallas TX 75201

City; State; Zip Code

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

Law Firm

10 Contributor's employer/law firm

Self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

The Law Office of Domingo Garcia

☐ out-of-state PAC ID#:

Amount of contribution (\$)

2560.00

Contributor address;

1111 W. Mockingbird Ln Dallas TX 75247

City; State; Zip Code

Contributor's principal occupation

Law Firm

Contributor's job title

Law Firm

Contributor's employer/law firm

NA

Law firm of contributor's spouse (if any)

NA

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13
2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Paula Walsh	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1717 Main St Ste 3100 Dallas TX 75201		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Cory Otman Attorney
10 Contributor's employer/law firm Cory Otman		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Kent	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6 Twin Bridge Ct Dallas TX 75243		
Contributor's principal occupation Attorney		Contributor's job title Fargue Draker Attorney
Contributor's employer/law firm Fargue Draker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Michael Adams Adams & Simmons, LLP	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 2101 Cedar Springs Dr 1900 Dallas TX 75201		
Contributor's principal occupation attorney		Contributor's job title Attorney
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ben Taylor	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2654 Lakewood Ct Dallas, TX 75214		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Ted B Lynn & Assoc		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Koren Washington	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. Box 837072 Richardson TX 75083		
Contributor's principal occupation Attorney		Contributor's job title Mediator
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lawrence Friedman	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 25 Glen Abbey Dr. Dallas TX 75248		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Friedman & Feiger		Law firm of contributor's spouse (if any) Friedman & Feiger
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellow

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Brian Rawson

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

8750 N. Central Expwy Dallas, TX 75231

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

H. Attne Barger LLP

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/17/23

Full name of contributor

☐ out-of-state PAC ID#:

Dunn Sheehan, LLP

Amount of contribution (\$)

1600.00

Contributor address;

City;

State;

Zip Code

5910 N. Central Expwy Ste 1310 Dallas TX 75206

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/17/23

Full name of contributor

☐ out-of-state PAC ID#:

Grace Weatherly

Amount of contribution (\$)

1600.00

Contributor address;

City;

State;

Zip Code

3212 Clubview Dr. Argyle TX 76226

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Wood Weatherly

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellan

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/23

5 Full name of contributor

Angel Reyes

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

2500.00

6 Contributor address;

City;

State;

Zip Code

8222 Douglas Ave. Dallas TX 75225

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Reyes Brooke Reilly

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/16/23

Full name of contributor

~~Off Raphael~~ Matthias Raphael PLLC

☐ out-of-state PAC ID#:

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

13101 Preston Rd Dallas TX 75240

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/23/23

Full name of contributor

Hardin Ramey

☐ out-of-state PAC ID#:

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

3890 W Northwest Hwy Dallas TX 75220

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Ramey Law Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Belleen

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Tamra Williams

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

5518 Muller Heights Rowlett TX 75088

8 Contributor's principal occupation

attorney

9 Contributor's job title

attorney

10 Contributor's employer/law firm

Law Office of Tamra Williams, PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/25/23

Full name of contributor

☐ out-of-state PAC ID#:

David Bradley

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2504 Summit Dr. Irving TX 75062

Contributor's principal occupation

Accounting / Collections

Contributor's job title

Supervisor

Contributor's employer/law firm

Dallas County District Clerk

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/24/23

Full name of contributor

☐ out-of-state PAC ID#:

William Toles

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

5100 Verde Valley Ln Dallas TX 75254 Unit 161

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Marsch Hardt

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellan

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Kevin Queenan

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

731 Statini Dr. Arlington TX 76015

8 Contributor's principal occupation

Attorney

9 Contributor's job title

attorney

10 Contributor's employer/law firm

Queenan Law Firm, P.C.

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/27/23

Full name of contributor

☐ out-of-state PAC ID#:

Van Pham

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

6402 Woodsprings Dr. Garland TX 75044

Contributor's principal occupation

Attorney

Contributor's job title

Sr. Equal Opp Specialist

Contributor's employer/law firm

UTSW

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/27/23

Full name of contributor

☐ out-of-state PAC ID#:

Tamar Meeks

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4421 Harner St Dallas TX 75225

Contributor's principal occupation

Attorney

Contributor's job title

Attorney / mediator

Contributor's employer/law firm

Tamar L Meeks, P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellan

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Kila Bobier

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

1800 Main St

Dallas

TX 75201

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Staff Counsel

10 Contributor's employer/law firm

Fred Loya

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

☐ out-of-state PAC ID#:

Albert Villagosa

Amount of contribution (\$)

1000.00

Contributor address;

City;

State; Zip Code

1111 W Mockingbird
12th Floor

Dallas

TX 75247

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Offices of Imogen Garcia

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

☐ out-of-state PAC ID#:

Scott Barber

Amount of contribution (\$)

1000.00

Contributor address;

City;

State; Zip Code

2908 Masters Cir.

Plano

TX 75093

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13

2 FILER NAME

Melissa J. Bellan

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/23

5 Full name of contributor

☐ out-of-state PAC ID#:

Thomas Barron

7 Amount of contribution (\$)

250.00

6 Contributor address:

2030 McKinney
Nr. 1603

City:

Dallas

State:

TX

Zip Code

75204

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

Paul Wingo

☐ out-of-state PAC ID#:

Amount of contribution (\$)

5000.00

Contributor address:

325 N. St Paul
3300

City:

Dallas

State:

TX

Zip Code

75201

Contributor's principal occupation

Attorney

Contributor's job title

Lawyer

Contributor's employer/law firm

Hamilton Wingo, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/23

Full name of contributor

Geoffrey Schorr

☐ out-of-state PAC ID#:

Amount of contribution (\$)

345.67

Contributor address:

3114 St Johns Jr.

City:

Dallas

State:

TX

Zip Code

75205

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Schorr Law Firm

Law firm of contributor's spouse (if any)

Schorr Law Firm

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13
2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ryan McComber	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 901 main st Dallas TX 75202		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Figorini & Davenport LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 3/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Greg Mc Allister	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6905 Smithbridge Dallas TX 75214		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Roque Dunn Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9	2 FILER NAME Melissa J. Bellan	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 3/1/23	5 Payee name Kohls
-------------------------	------------------------------

6 Amount (\$) 109.51	7 Payee address; Madallum Center	City; Dallas	State; TX	Zip Code 75206
--------------------------------	--	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Frames for funeral
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/11/23	Payee name Cindis Deli - Downtown
------------------------	---

Amount (\$) \$18.12	Payee address; 306 S. Houston St	City; Dallas	State; TX	Zip Code 75202
-------------------------------	--	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/2/23	Payee name Yordstrom
-----------------------	--------------------------------

Amount (\$) 50.00 160.48	Payee address; 8687 N. Central Expwy 2000 Northpark Center	City; Dallas	State; TX	Zip Code
---	--	------------------------	---------------------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch mtg
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Melissa J. Bella		3 Filer ID (Ethics Commission Filers)	
4 Date 1/13/23	5 Payee name Dallas County Dem Party			
6 Amount (\$) 250.00	7 Payee address; 1414 N. Washington		City; Dallas	State; TX
			Zip Code 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Check 202		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date 3/3/23	Payee name Nordstrom			
Amount (\$) 100.65	Payee address; 8687 N. Central Expwy 2000 Northpark Center		City; Dallas	State; TX
			Zip Code 75225	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Award/Memorial		Description Gift for Michael's Parents	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date 3/10/23	Payee name Amazon			
Amount (\$) 12.99	Payee address; Online		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Office Supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9		2 FILER NAME Melissa J. Belle		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/23		5 Payee name Amgen			
6 Amount (\$) 22.46		7 Payee address; City; State; Zip Code Online			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office Overhead		(b) Description Office Supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/29		Payee name Amgen			
Amount (\$) 48.16		Payee address; City; State; Zip Code Online			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office expenditure		Description Office Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/29/23		Payee name Amgen			
Amount (\$) 41.08		Payee address; City; State; Zip Code Online			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead		Description Office Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME <i>Melissa J. Bell</i>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 3/30/23	5 Payee name <i>Amazon</i>
--------------------------	-------------------------------

6 Amount (\$) 34.79	7 Payee address; <i>Online</i>	City;	State;	Zip Code
-------------------------------	-----------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office Overhead</i>	(b) Description <i>office Supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/30/23	Payee name <i>Amazon</i>
------------------------	-----------------------------

Amount (\$) 452.27	Payee address; <i>Online</i>	City;	State;	Zip Code
------------------------------	---------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office Overhead</i>	Description <i>office Supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/3/23	Payee name <i>Amazon</i>
-----------------------	-----------------------------

Amount (\$) 43.90	Payee address; <i>Online</i>	City;	State;	Zip Code
-----------------------------	---------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office Overhead</i>	Description <i>office Supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9		2 FILER NAME <i>Melissa J. Bell</i>		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/23		5 Payee name <i>Amgen</i>			
6 Amount (\$) 45.35		7 Payee address; City; State; Zip Code <i>mln</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>		(b) Description <i>office supplies</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 4/12/23		Payee name <i>Amgen</i>			
Amount (\$) 62.15		Payee address; City; State; Zip Code <i>mln</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>		Description <i>office supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 4/11/23		Payee name <i>Amgen</i>			
Amount (\$) 101.00		Payee address; City; State; Zip Code <i>mln</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>		Description <i>office supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9	2 FILER NAME <i>Melissa J. Bell</i>	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/23	5 Payee name <i>Amazon</i>	
6 Amount (\$) 43.24	7 Payee address: <i>online</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Office Supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 4/7/23	Payee name <i>McDonalds</i>		
Amount (\$) 10.57	Payee address: <i>1</i> City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Bev</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 4/10	Payee name <i>Amazon</i>		
Amount (\$) 127.16	Payee address: <i>online</i> City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expenditures</i>	Description <i>Office Supplies</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9	2 FILER NAME Melissa J. Bell	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Payee name amazon	
6 Amount (\$) 43.28	7 Payee address; City; State; Zip Code online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/17/23	Payee name Target	
Amount (\$) 189.75	Payee address; City; State; Zip Code online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description young room supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/24/23	Payee name Target	
Amount (\$) 9.38	Payee address; City; State; Zip Code online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description young supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME <i>Melissa J Bell</i>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date 4/24	5 Payee name <i>Target</i>
-----------------------	-------------------------------

6 Amount (\$) 164.28	7 Payee address; <i>online</i>	City;	State;	Zip Code
--------------------------------	-----------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>Office Supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 6/6/23	Payee name <i>Amazon</i>
-----------------------	-----------------------------

Amount (\$) 140.97	Payee address; <i>online</i>	City;	State;	Zip Code
------------------------------	---------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <i>Office Supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 6/7/23	Payee name <i>Amazon</i>
-----------------------	-----------------------------

Amount (\$) 175.74	Payee address; <i>online</i>	City;	State;	Zip Code
------------------------------	---------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <i>Office Supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 9	2 FILER NAME Melissa J. Beck	3 Filer ID (Ethics Commission Filers)
4 Date 6/23/23	5 Payee name CVS	
6 Amount (\$) 179.95	7 Payee address; City; State; Zip Code 8800 Ferguson Rd Dallas TX 75228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards	(b) Description Gift cards for clerk/coord conference
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/23/23	Payee name CVS	
Amount (\$) 205.95	Payee address; City; State; Zip Code 8800 Ferguson Rd. Dallas TX 75228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards	Description Giftcards for clerk/coord conference
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/30/23	Payee name Smpe / Square	
Amount (\$) 1603.11	Payee address; City; State; Zip Code Galene	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED