#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. NIA 67 3 CANDIDATE/ MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Ms. melissa NAME Date Received NICKNAME LAST SUFFIX Bellan 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER P.O. Box 570708 Dallas TX 75357 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (4109) 601- 8870 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST **TREASURER** 5. melissa Ms. NAME Date Processed NICKNAME SUFFIX Date Imaged Bellan STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE; ZIP CODE **TREASURER** TX 75357 P.O. Box 570708 Dailas **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER (469) PHONE 401 -8870 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED 1 /2024 30/2024 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Other Day Description 11/3/2026 Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Judge Dallas CCL No. 2 Judge Dallas 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ 0 CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 4651.09 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS **TOTAL POLITICAL EXPENDITURES** \$ 4661.09 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 124,074.91 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS 0 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 \_\_\_, 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 (2) Unsworn Declaration , and my date of birth is 10/31/77 My name is Melissa J. Bellan Dallos TX My address is \_ P. 6. Box 570708 (street) (state) (zip code) (country) Executed in \_\_\_\_ Pallas \_\_\_ County, State of \_\_ Texas \_\_ , on the \_\_ 15

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

9 1	FILER NAM	ME	20 Filer ID (Ethics Co	mmission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
		SCHEDULE E: LOANS		\$
i.	<b>1</b>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4,661.0
i.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
ti)		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
	s	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
00	8	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

## 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , ,	xpense Vages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	CONTROL OF THE PROPERTY OF THE	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/24	5 Payee name Qmd 20∩		
6 Amount (\$) 274.41	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead	(b) Description Supplies	5
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
1/11/24	Payee name Thompson West		
Amount (\$) 276.00	Payee address; On line	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)  OFFICE OVER HEAD	Description  O¹Connurs	Boolc
OF EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2///24	Payee name  Amazon		
Amount (\$) 18.50	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  OFFICE OVER head	Description , Supples	
	Check if travel outside of Texas, Complete Schedule T.	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 NEED	ED

#### SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Melissa J. Bellan 5 Payee name 2/20/24 amazon 6 Amount (\$) 7 Payee address; City; State; Zip Code 65.44 baline (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** office overhead Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2/20/24 amazon Amount (\$) Payee address; City; State; Zip Code 252.56 online Category (See Categories listed at the top of this schedule) Description office orwhead **PURPOSE** Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 2/2/24 amazon Amount (\$) Payee address; City; State; Zip Code 10-48 Online Category (See Categories listed at the top of this schedule) Description offer overhead **PURPOSE** Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed abo	ove)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	3 Filer ID (Ethics Commission	Filers)
4 Date 2/26/24	5 Pavee name CoS+Co'		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	)
120.00	1225 state Hony 276	Rochwall TX 7503	2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	membership fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		(V)
2/20/24	Costco		
Amount (\$)	Payee address;	City; State; Zip Code	)
394.43	1225 State they 276	Rockwall TX 7503	2
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office overhead	Jury donks/inacles	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2/20/24	Costeo		
Amount (\$)	Payee address;	City; State; Zip Code	
17.06	1225 State Huy 276	Rochwall TX 7503	32
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	travel out of district	Fuel	
	Check if travel outside of Texas. Complete Schedule T.	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	

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	, mining E	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	3	Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Payee name Amazon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2.15	opline		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	office oxubend	Supplus	
OF EXPENDITURE	70	المراجع المراجع	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/21/24	Costeo		
Amount (\$)	Payee address;	City;	State; Zip Code
675.97	1225 State Huy 274	Lochwall	TX 75032
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Bev	Jury Ros	son Suppres
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/27/24	amaron		
Amount (\$)	Payee address;	City;	State; Zip Code
12.98	telene		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office overheard	Supplis	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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 NEED	ED

## 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

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

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

Candidate/Officeholder/Politic Credit Card Payment	Filling E	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Payee name Amazm		
6 Amount (\$)	7 Payee address;  brune	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Orwhead	(b) Description	Supplei
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/7/24	amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
17.37	meni		
-1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office overhead	office Se	ppled
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/27/24	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
12.98	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office oxerhead	Sipple	io .
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
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SCHEDULE F1

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/24	5 Payee name Am a zon		
6 Amount (\$) 278.57	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office overnead	(b) Description Supplies	/ Drinks / Snacke
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/8/24	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
5.74	orlai		
- Headra Air	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	offic overhead	Sipplus	V
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/10/24	Payee name CuStco		
Amount (\$)	Payee address;	City;	State; Zip Code
1230.42	1225 State Huy 274	Rochwal	4 TX 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead	Description  Dnnks/Supp	lies/air filter
	Check if travel outside of Texas. Complete Schedule T.	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 S	SCHEDULE AS NEED	DED

## 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printin	Expense g Expense ss/Wages/ContractLabor o complete this form.	Travel In District Travel Out Of Distric Other (enter a categor	
1 Total pages Schedule F1:	2 FILER NAME Melissa Bellan		3 Filer ID (Ethic	s Commission Filers)
4 Date #/12/24	5 Payee name Georgi allen Garage			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.00	400 Commerce St.	Dailas	74	75202
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Travel	Parking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/12/24	Amaron			
Amount (\$)	Payee address;	City;	State;	Zip Code
62.63	online			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	office overhead	Supplie	ث	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			148/5
4/12/24	amaron			
Amount (\$)	Payee address;	City;	State;	Zip Code
299.42	online			
	Category (See Categories listed at the top of this schedule)	Description		2 10
PURPOSE OF EXPENDITURE	offic Overhead	Supplied	Ct Rm	funtier
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEED	DED	

## 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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	3 Filer P (Ethics Commission Filers)
4 Date 4/15/2 4	5 Payee name Jack Boles Belo Mans,	im
6 Amount (\$)	7 Payee address;	City; State; Zip Code
4.00	2101 Ross ave	Dullas 7X 75201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Travel	Panuy
	(c) Check if travel outside of Texas, Complete Schedule T.	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	Payee name	
4/16/24	amazon	
Amount (\$)	Payee address;	City; State; Zip Code
4-48	online	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	office overhead	Sipplie
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/2/24	DC George Allen	
Amount (\$)	Payee address;	City; State; Zip Code
15.4 Ce	400 Commerce	Dallas TX 75201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food / Bev Expense	Lunch for staff
	Check if travel outside of Texas. Complete Schedule T.	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

## SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Tr Tr

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries A  The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 5/26/24	5 Payee name Amazon		
6 Amount (\$) 4 - 48	7 Payee address; Snlini	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead  (c) Check if travel outside of Texas, Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5 / 20 / 2 4	Payee name  Amuzm		
Amount (\$)	Payee address;	City;	State; Zip Code
7.57	online		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  **The Truck  Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/23/24	Payee name  american Inns of Co	UA	
Amount (\$)	Payee address; 225 Reinekers Ln. Ste	City; 770 A Lexan	State; Zip Code nanca VA 22314
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description  Member Shi	p Re
	Check if travel outside of Texas. Complete Schedule T.	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 NEEI	DED

#### 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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Melissa J. Bellan 5 Payee name Birdics East side 5/28/24 7 Pavee address: 6 Amount (\$) City; Zip Code 6221 E. Mockingbird LA. Dallas TX 75214 53.41 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Food / Ber Expense Lunch EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 5/28/24 Amazon Amount (\$) City; State; Zip Code 5.40 Onlino Category (See Categories listed at the top of this schedule) Description **PURPOSE** Sipplies office overhead OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name 5/29/24 Amazon Amount (\$) Payee address; City; Zip Code 16.18 online Category (See Categories listed at the top of this schedule) Description PURPOSE office overhead Sipplies **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

#### 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: 2 FILER NAME MUISSa T Bellan 3 Filer D (Ethics Commission Filers) 4 Date 5 Payee name

5/29/24	Amazm			
Amount (\$) 3.24	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Here  Werkend	(b) Description  Supples		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit Co		Office sought		Office held
Date 5/29/24	Payee name  Ama un	v i liji		
Amount (\$)	Payee address;	City;	State;	Zip Code
7.57	onlini			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead	Description Supples		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date 6/4/24	Payee name DC George Allen			
Amount (\$)	Payee address;	City;	State;	Zip Code
9.73	a ou commence st.	Dallas	7×	75207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food   Bev Expense	Description  Lunch		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	K, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held

## SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wa The Instruction Guide explains how to co		ther (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	3	Filer ID (Ethics Commission Filers)
4 Date 4/13/24	Melissa J. Bellan  5 Payee name Cash / Reimbursment to	o Coordinator	
6 Amount (\$) / 0 0 . 0 0	7 Payee address; 600 Commerce 6th Ste 655 W	City; Dallas	State; Zip Code TX 75282
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Rembursment for office  Depot / Supplies	(b) Description  Uffice Supp.	plies
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	C, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/18/24	amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
4.48	online		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Orun Leed	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4120/24	Payee name  Amarm		
Amount (\$)	Payee address;	City;	State; Zip Code
7.57	onlin		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	offic Nerhead	Supplie	
	Check if travel outside of Texas. Complete Schedule T.	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 S	CHEDULE AS NEEDE	D

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date U/26/24	5 Payee name Jasm's Delli		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
86.89	1209 Main St.	Dallas	TX 75201
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food IBeV. Expense	Juny Lunch	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/24/24	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
5.40	online		
7.77	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office Drenhead	Sipplia	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			



# AFFIDAVIT FOR

*****	CANDIDATE OR OFFICE ELECTRONIC FILING EX			
Beginning on Januai	An exemption affidavit must be submitted y 1, 2024, a candidate or officeholder who h		Date Hand-delivered or Date Postmarked	
\$32,810 in political o	ontributions or made more than \$32,810 in must file all subsequent reports electronical	political expenditures	Receipt #	Amount \$
			Date Processed	
Filer name	Filer ID #		Date Imaged	
l. I swear or affirm	n that I have not accepted more than \$	32,810 in political cor	ntributions c	r made

- more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>July 15</u> report due on <u>July 15</u>. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

## Please complete either option below:

(1) Affidavit					
	while	rosgr			
NOTARY STAMP/SEAL		Signatur	e of Filer		
Sworn to and subscribed before me by		this the		day of,	
20, to certify which, witness my h	nand and seal of office.				
Signature of officer administering oath	Printed name of officer administering oath	f officer administering oath		Title of officer administering oath	
在名字是是在1900年第 <b>3条约</b> 是[34]	OR				
(2) Unsworn Declaration					
My name is <u>Melissa</u> J. Bell	(an, and my date	, and my date of birth is <u>/0/3//77</u>			
My address is P. O. Box 570708	B Daclas	, (state)	75357	USA	
(st	treet) (city) State of 7-exa S , on the 15 day	(state)	(zip code)	(country)	
Executed in County,	State of/ Exa S, on the/Sday	of July (month)	, 20 <u>2</u> 4. (year)		
		yeless			
		Signature of F	ler (Declarant)		
FILERS WHO ARE	EXEMPT FROM THE ELECTRONIC FI	LING REQUI	REMENT		

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received