JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	мі J.	OFFICE USE ONLY
NAME	M 6.	Meli 95a	SUFFIX	Date Received
	NICKNAME	Bellan	30111	B. 2
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; C	STATE; ZIP CODE	023
OFFICEHOLDER MAILING ADDRESS	P.O. Box	570708 DO	Illas TX 76357	2023 JAN I 2023 JAN I JOHN F COUNT DALLAS
Change of Address	ADEA 0005	DUONE NUMBER	EXTENSION	7
5 CANDIDATE/ OFFICEHOLDER PHONE	(HG9)	Le UI-8870	EXTENSION	Date Hand delivered of Date Postmarked Receipt #Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI J.	Receipt # Amount \$
NAME	Ms.	Melissa	SUFFIX	Date Processed
	NICKNAME	Bellan	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	P.O. Box	NO PO BOX PLEASE): APT / SU 570708	JITE #: CITY: Dallas	STATE: ZIP CODE TX 75357
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(469)	601-8870		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
0012.120	7/	1/2022	THROUGH 12	/31/2022
11 ELECTION	ELECTION DAT	No. Company (ELECTION TYPE	
	Month Day		Runoff Other Description	
	11/8/	2022 General	Special	
12 OFFICE	OFFICE HELD (if any) Judge Doillas	County Court at Le	Judge Dallas Count	CourtatLaw No. 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME Me/165a	J.Bellan			ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUI CONTRIBUTIONS MADE EL		AN	\$
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	IS)	\$ 466.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.		\$ 45.27
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 5,448. 40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	AST DAY	\$ 98,214.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE	\$ 0
18 SIGNATURE S	wear, or affirm, under penalty of perjury	, that the accompanying report is tr	rue and corr	ect and includes all information
	uired to be reported by me under Title 15	1 (120) (N) (21) (N)		
			7	
		Melissa J 9	Selle	
		Signature of	Candidate/C	Officeholder
	Please con	nplete either option belo	ow:	
	1 10000 0011	ipioto ottiloi option son		
(1) Affidavit				
886 16				
NOTABLY OTAND (OF A				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this th	ne	day of,
20, to certify	which, witness my hand and seal of office).		
Signature of officer administe	ering oath Printed name of	officer administering oath		Title of officer administering oath
THE PROPERTY.	AND RESIDENCE OF THE PARTY.	OR		
(2) Unsworn Declarati	on			
Malson	J Bellan	T - 11 - TEM	. /01:	3111977
My name is	Box 570 708	, and my date of birth	TY	75357 USR
My address is	(street)	(city)		(zip code) (country)
Executed in Dalla			1020-1000-000-200	
Everaged III	5 County, State of TX	(mo	onth)	(year)
l .		Signature of Car	ididate/Office	eholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	ommission Filers)	
	melissa J. Bellan	NIA	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	CAL CONTRIBUTIONS	\$ 5,448.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	NTRIBUTIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME Melis	sa J. Bellan		3 Filer ID (Ethics Commission Filers) N
	5 Full name of contributor □ out-of-state PAC Amy Davi6 6 Contributor address: City; 1021 N. Bishop Avc Dailas		7 Amount of contribution (\$) 200.00
	orincipal occupation or ney	9 Contributor's job title Attorney	
10 Contributor's e	employer/law firm enter of Amy E. Davis	11 Law firm of contributor ►/A	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC Claudia Cano Contributor address; City; 3531 Merrell Rd		
Contributor's p	orincipal occupation	Attorney	~
Legal	employer/law firm - Aid of NW Texas	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s 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.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	Melissa J. Bellan		iler ID (Ethic	s Commission Filers)
4 Date 7 1 4	5 Payee name Amazon			
6 Amount (\$) 151.82	7 Payee address; On line purchase	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOUR BeV Expense	(b) Description Jury Room	Supp	liès
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/18	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
5.48	401 Tom Landry Fwy	Dallas	TX	75260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/8	Cindi's NY Deli + Rest.			
Amount (\$)	Payee address;	City;	State;	Zip Code
42.19	306 S. Houston St.	Dallas	XX	75202
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Bev	Staff Lunch		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living	g 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ny not iisted above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics	Commission Filers)
4 Date 8/22	5 Payee name Barnes + Nuble			
6 Amount (\$)	7 Payee address: 190 Cedar Sage Dr. Unit #8801	city; Gatland	State;	Zip Code 75040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expenses	(b) Description Book 5/ Ma	terials for	Jury Room
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Pate 8 2 3	Fish Fry Democrats			
Amount (\$) 250.00	Payee address: 4333 Mocking bird Ln.	City; Se 147 Da	State;	Zip Code 75214
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advistising Expense	Description Event Spons	sor ship + to	cket.
	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
8/2 4	State Bar of Texas			
Amount (\$)	Payee address;	City;	State;	Zip Code
30.00	1414 Colorado St.	Austin	TX	78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FeeS	Description Section (1)	Nembershi	(>
	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	S SCHEDULE AS NEE	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
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	o the (office of our og	,,
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethic	s Commission Filers)
4 Date 8/25	5 Payee name Archer Paper Gouds			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
101.79	2649 Main St. Stc 160	Dallas	TX	75226
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	8	× 4
PURPOSE OF EXPENDITURE	Office Expense	Stationary labels	1 /Thank you	i notes/
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
8/29	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
720.57	online Purchase			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Furniture a Office	nd organizer.	s for
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/30	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
399.64	on line gurchase			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Office Su	pplies	
	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	

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (effice a category not listed above)
1 Total pages Schedule F1:	Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 8/31	5 Payee name Amazon		
6 Amount (\$) 27.04	7 Payee address; On line Purchase	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Office Su	ppliës
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name Amazun		
Amount (\$)	Payee address;	City;	State; Zip Code
657.55	online Purchase		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Office Supplies	plies/Jury Room
	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/Oh	Candidate / Officeholder name	Office sought	Office held
Date 916	Payee name Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
154.52	Online Purchase		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Office Su	pplizs
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethic	s Commission Filers)
4 Date 9/7	5 Payee name Amazon			
6 Amount (\$) 14.70	7 Payee address; online Purchase	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hice Expense	(b) Description Office Su	ipplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 9) §	Payee name Amazon			
Amount (\$)	Payee address: On line Purchase	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Office S	applies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 91 9	Payee name Amazon			
Amount (\$) 25.41	Payee address; On line Purchase	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Office Su	pplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g 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	

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to c	ages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan	i d	3 Filer ID (Ethics	Commission Filers)
4 Date 9/12	5 Payee name Amazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
15.80	online Purchase			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Expenses	office Su	pplies	
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date 9 1 1 9	RM 1220 Bistro			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.65	9850 Walnut Hill Ln	Dallas	TX	75238
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Bev Expense			
	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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
37.88	online Purchase			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Office Su	upplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/6	5 Payee name Amazon			
6 Amount (\$) 88.48	7 Payee address; Online Purchase	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office txpense	(b) Description Supplies fo	r Clerk Th	nanksgiving
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10 7	Payee name Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
142.76	Online Purchase			
	Category (See Categories listed at the top of this schedule)	Description)(4/7
PURPOSE OF EXPENDITURE	Office Expense	Juny ho	som Suppli	CS
	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
Date	Payee name			
10/11	Amazon			
Amount (\$) 39.99	Payee address; Unline Jurchase	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Office Sa	upplies	
	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	

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	Pelissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Rayee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE			
EXI ENDITORIE			
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10 15/2022	Donorbox/Stripe		
10/10/2002	Out tot BOX / Sit /		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 18.20	online Banking Hatform		
18.20	or mile believes y market se		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CC processing fees	Processin A	C
OF EXPENDITURE	cc processing rees	Processing.	1663
EXI ENDITORE			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/19	American Inns of Court		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	225 Reinekers Ln Stc. 7	70 Alexand	ria VA 22314
		, .	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fres	Inn Membe	ership dues
OF EXPENDITURE			1 - 3
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office field
8			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (one of page 1) and page 1)

Candidate/Officeholder/Political Committee Credit Card Payment Credit Card Payment The Instruction Guide explains how to complete this form. Other (enter a category not listed above)				
1 Total pages Schedule F1:	Melissa J. Bellan		3 Filer ID (Ethic:	s Commission Filers)
4 Date /0/2	5 Payee name (70 Daddy			
6 Amount (\$) 30.10	7 Payee address; On line purchase	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Website h	osting	
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/28	Payee name Flying Fish			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.54	1838 Irving Blvd	Dallas	TX	75207
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food BeV	Description Judical	Lunch	a.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/28	RM 1220 Bistro			
Amount (\$)	Payee address;	City;	State;	Zip Code
89.32	9850 Walnut till Ln.	Dallas	TX	75238
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Bev Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/W	/ages/Contract Labor	Other (enter a catego	ory not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	Melissa J. Bellan		3 Filer ID (Ethics	Commission Filers)
4 Date 10 3	5 Payee name Alankar Foud Coutt			
6 Amount (\$) 12.89	7 Payee address; 600 Commerce St. Dallas, TX 8201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / BeV	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, officeholder living	Office held
Date	Payee name Texas Center for the Judi	cary		
Amount (\$)	Payee address;	City;	State;	Zip Code
85.00	1210 San Antonio St.	Austin	TX	78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	CLE to comply with 586		
	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 [1 / 7	Payee name Amazon			
Amount (\$) 287.56	Payee address; Online Purchase	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Chick Expense	Supplies for	Clerk T	
	Check if travel outside of Texas. Complete Schedule T.		TA, Uniceriolder living	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Onice field
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 Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bellan		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name Pecan Lodge			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,321.91	2702 Main St.	Dallas	TX	75224
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	ola e a
PURPOSE OF EXPENDITURE	Food/Bev	Clerk Thansgiving Luncheon		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 11/10	Tack Boles Parking			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.00	2101 Russ Ave	Dallas	ΤX	75201
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	other	Parkino	9	
¥	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/16	Costco			
Amount (\$)	Payee address;	City;	State;	Zip Code
142.50	1225 TX-256	Rockwall, T	X	75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev/Supplies	Description Clerk That Supplies	nsgiving Lu	uncheun
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.	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 Payee name Party City		•
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
73.72	1017 FM-740 N	Rockwall	TX 75087
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Ar
PURPOSE OF EXPENDITURE	Office Expense	Decor for (burty Clerk Thanksgiving Luncheon
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/5	Texas Center for the 3	Judicary	
Amount (\$)	Payee address;	City;	State; Zip Code
40.00	1210 San Antonio St.	Austin	TX 78701
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	2023 Be	nch Book
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	e e e e e e e e e e e e e e e e e e e
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED