CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

			The state of the s	
1	Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:	OFFICE USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Hon. Melioso NICKNAME LAST Bellan		Date Received BY BY BY BY BY BY BY BY BY B
4	ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	y) Receipt # Amount \$
	ORIGINAL PERIOD COVERED	1 1 1 1 2 2	Month Day	Year 2 Date Imaged
6	EXPLANATION OF CO Original repro- USPS suggest 15 m fill. 1/1	presection to Elections depoted person window, and he away fally of Churry Clarke	adment has not been well as to insur	n processed. I waited out
7	SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected	report is true and correct.
	Chec	ck ONLY if applicable:		
		reports: I swear, or affirm, that to misrepre-sent the information of		in good faith and without an intent to
	☐ date I learne	es: I swear, or affirm, that I am fil ed that the report as originally file the report as originally filed was	d is inaccurate or incomplete	ater than the 14th business day after the . I swear, or affirm, that any error or
			Yeliser	
			Yeliser Signature	of Candidate/Officeholder
		Please co	omplete either option	pelow:
(1)) Affidavit			
	NOTARY STAMP/SEA	AL		
Sv	worn to and subscribed	I before me by	t	nis the day of,
20	D, to certify	y which, witness my hand and seal of of	fice.	
Sig	gnature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath
		ASSESS A PERSONAL	OR	CONTROL OF THE STATE OF THE STA
(2) Unsworn Declarat	ion		
N./I.	y name is Meliss	sa Rellan	, and my date of	birth is 10/31/77
	y address is P. 0 - 1	Box 570708	Davias	7X , 75357
	ecuted in <u>Davla</u>	(street) County, State of TCX	Meliss	(state) (zip code) (country) Apul, 20 24. (month) (year)
-	n		Signature o	Candidate/Officeholder (Declarant)
	Pomombor To Atto	ch Any Part Of The Campaign	Finance Penort Form Need	ed To Report And Explain Corrections

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ 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.U. Box 570708 Dollas 75357 MAILING **ADDRESS** Change of Address 5 CANDIDATE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (469) 8870 PHONE 461 Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. J melissa NAME **Date Processed** NICKNAME LAST Date Imaged Bellan STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN CITY; STATE: ZIP CODE TREASURER 7.0. Bux 570704 TX Dallas 75357 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (469) 601-8870 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 7/1 12/ 31/23 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Month Day Year 122 General 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) Judge CCL #2 Judge CCL # 2 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 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 NIA COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH

CAMIFAIGN	FINANCE REPOR	< 1	COVER SHEET PG 2
15 JC/OH NAME Melissa J.	Bellan		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOAN	(s) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$ 4,00
	4. TOTAL POLITICAL EX	PENDITURES	\$ 5,4 39.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	AST DAY \$ 128,583.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS AS DRTING PERIOD	OF THE \$ O
(1) Affidavit NOTARY STAMP/SEAL	Please co	Signature of Complete either option belo	Candidate/Officeholder
Swom to and subscribed b	efore me by	this the	e,
20, to certify w	hich, witness my hand and seal of offi	ce.	
Signature of officer administering	ng oath Printed name	of officer administering oath	Title of officer administering oath
		OR	建筑物料的 图型的图象的现在分词
(2) Unsworn Declaration			
My name is Melissa		and my date of birth i	
My address is 3. 6. ろの	1547 (252 Sept.	. Dallas .	TX 75357 usp
Executed in <u>Dallas</u>	(street)County, State of Texa	15 , on the 13 day of Jo (mon	(state) (zip code) (country) (xin), 20_2 4 (year) (didate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER	NAME	20 Filer ID (Ethics Co	ommission Filers)	
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		S	
4.	SCHEDULE E: LOANS		\$	
5. v	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$5,435.27	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	s	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS 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
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 Commission Filers)
4 Date 7/17/23	5 Payee name Amazun		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
150.45	online		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office overhead	offices	upplies
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/17/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
124.53	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office overhead	Office Su	pplicis
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficehalder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/28/23	Barnes + Noble		
Amount (\$)	Payee address;	City:	State; Zip Code
^{\$} 221.15	Firewheel Location	Garland	ΤX
**	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other / office overnead	Juny mater	ials / mags
	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	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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
4 Date 8/28/23	5 Payee name Barnes & Noble		
6 Amount (S) 75.75	7 Payee address: Fire wheel Lucohon	city: Garland	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	944s/Anards/ Memorials	Staff gift	cards
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8129123	State Bar of Texas		
Amount (\$)	Payee address;	City;	State; Zip Code
415.00	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Des Free	Membersh	np due
	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		
915/23	Park reciepts.com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 11.00	onlnie		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	80000009 Transportation	Parking	
	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

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

	The Instruction Guide explains how to	complete this form.	[a=t]
Total pages Schedule F1:	Melissa J. Bellan		3 Filer ID (Ethics Commission Filers)
9/11/23	5 Payee name A MG20N		
Amount (\$)	7 Payee address;	City;	State; Zip Code
30.31	online		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	office overhead	Office Se	upplics
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9111/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
41.87	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office werhead	office S	upplics
	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		
9/11/23	Amazon		
Amount (\$)	Payee address:	City;	State; Zip Code
171.54	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office overhead	office Sug	oplies
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor 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 4 Date 9/12/23 Target. Lom 6 Amount (\$) 7 Payee address; City: State: Zip Code 210.70 unline (a) Category (See Categories listed at the top of this schedule) (b) Description Juny room annuc/ Bnacks PURPOSE Food / Bev 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 9/13/23 Amazon Amount (\$) Payee address; City: State: Zip Code 图15.89 online Category (See Categories listed at the top of this schedule) Description PURPOSE Office overhead Office 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 Payee name 9/13/23 Amazon Amount (\$) Payee address; City: State: Zip Code 44.99 Category (See Categories listed at the top of this schedule) Description **PURPOSE** office over head Office Supplies **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct 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
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	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor 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 9 29 23	TLF BICES Florist		
6 Amount (\$) 207.82	7 Payee address:	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GHTS (INVAVAS McMonal		oners for family
	(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	Payee name		
10/03/23	Amazon		
Amount (\$)	Payee address;	City:	State; Zip Code
24.03	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office over head	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
Date	Payee name		
10/3/23	Amazon		
Amount (S)	Payee address;	City:	State; Zip Code
56.00	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office overhead	Office SUP	ples
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, afficaholder 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
Cred Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleties/Manas/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor 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 10/4/23	5 Payee name Juson's Deli		
6 Amount (\$) 81.54	7 Payee address; online order	city: Downtum Loca	State: Zip Code Dallas athur
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schodule) FOCH / BEV	(b) Description Staff	lunch
9 Complete ONLY if direct expenditure to benefit C/OF	(C) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Office sought	tin, TX, officeholder living expense Office held
Date 10/10/23	Payee name JL Turner Bor Associo	ation	
Amount (\$)	Payee address: online poument	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVEN+ Expense	Description Galatic	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 10/23/23	Payee name Go Daddy		
Amount (\$) 34.14	Payee address; Online	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web dur	nain
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austi	in, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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/Wares/Contract Labor

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 11/3/23	5 Payee name AM0200		
6 Amount (S)	7 Payee address;	City;	State; Zip Code
50.37	online		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	offic overhead	office sus	opliës
	(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		
11/3/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
130.79	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office werhead	Office	aupplies
	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		
11/3/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
34.00	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office over head	office so	ipplies
	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	SCHEDIII E 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District 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 11/4/23 Amazon 6 Amount (S) 7 Payee address: City; State: Zip Code 21.65 unine (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE office supplies Office werhead OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/6/23 Amazon Amount (\$) Payee address; City: State; Zip Code 23.38 online Category (See Categories listed at the top of this schedule) Description PURPOSE Office Supplies over head 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 Payee name 11/7/23 Amazon Payee address: City: State; Zio Code 105.86 online Category (See Categories listed at the top of this schedule) Description **PURPOSE** office Supplies Office werhead OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 4 Date nordstrom Rest. Zudiac 11/19/23 State; Zip Code 6 Amount (\$) 7 Payee address; City: 8697 N. Central Expart 7X Dallas 75225 84.44 (b) Description (a) Category (See Categories listed at the top of this schedule) Holiday Luncheon PURPOSE Food/Bev OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/20/23 Venitian State: Zip Code City: Pavee address: Amount (\$) TX Dallas 7949 Walnut Hill LA Stc 135 75230 10200 Description Category (See Categories listed at the top of this schedule) ABOTA Dinner prep **PURPOSE** Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 11/20/23 Drybar Zip Code Amount (\$) Payee address; City: Dallas Northpark MX 75225 123.75 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Event Expense Abotta dinner prop OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct 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 Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 4 Date 5 Payee name 11/30/23 American Ings of Court 6 Amount (\$) 7 Payee address; City: State: Zip Code online 225.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Membership dues Dues / other OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Arts District Mansion 11/30 /23 Amount (\$) Payee address: City; State: Zip Code Dallas TX1200 2101 Ross Ave 75201 Category (See Categories listed at the top of this schedule) Description PURPOSE Lunch - CLE Food Bev OF 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 Payee name 12/11/23 (Amazon Payee address: Amount (\$) City; Zip Code online 64.93 Category (See Categories listed at the top of this schedule) Description PURPOSE Office supplies OF EXPENDITURE Office over head Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct 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

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.	Cural ferrier a category nothisted above)
1 Total pages Schedule F1:	2 FILER NAME Melissa J. Bella		3 Filer ID (Ethics Commission Filers
4 Date	5 Payee name		
12/21/2 ³ 5 6 Amount (\$)	Amazon o		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
le2.le2	online		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	office overhead	Office S	upplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	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		
12/21/23	Amazon		
Amount (\$)	Payee address:	City;	State; Zip Code
21.22	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office over head	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
Date	Payee name		
12/21/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
205.31	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office overhead	Uffice Supp	olicis
	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 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Meliosa J. Bulan		3 Filer ID (Ethics Commission Filers)		
4 Date 12 2 1 2 3	5 Payee name AMQZVA				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
30.28	Online				
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description			
PURPOSE OF EXPENDITURE	office overhead	Office Su	oples		
	(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/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/21/23	Amazon				
Amount (\$)	Payee address:	City;	State; Zip Code		
8.55	on lime				
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	office overhead	offre suf	plies		
	Check if travel outside of Texas. Complete Schedule	. 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				
12/22/23	Amazon				
Amount (\$)	Payee address;	City;	State; Zip Code		
663.51	online				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	office overhead	Office Su	pplies		
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mellosa J. Bellan 5 Payee name		3 Filer ID (Ethics Commission Filers)
12/26/23	Amazon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
237.63	online		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	office overhead	office or	applies
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/26/23	Amazon		
Amount (\$)	Payee address:	City;	State; Zip Code
37.64	unline		
1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office overhead	Office Su	ppheis
	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		
12/24/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
14.94	office barbad online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office over head	Uffice su	ophics
	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 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel to District Contributions/Donations Made By 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) Meliosa J. Bellan 4 Date 5 Payee name 12/24 /23 Cash 6 Amount (\$) 7 Payee address; City; State; Zip Code 500.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description staff gift cards/ **PURPOSE** GIFT Awards OF EXPENDITURE holiday 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 12/24/23 Target Amount (\$) Payee address; City; State: Zip Code 307.94 online Category (See Categories listed at the top of this schedule) Description **PURPOSE** office Supplied Juny Supplies OF EXPENDITURE office overhead 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 expenditure to benefit C/OH Payee name 12/27/23 Amazon Payee address: City: State; Zip Code unline 9.57 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Supples office overhead 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

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 Commission Filers)
4 Date 12/28/23	5 Payee name Amazo∩		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
15.44	bolloe		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	office overhead	office supplies	
	(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		
12/29/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
55,92	online		
****	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office overhead	office Si	ipplus
	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		
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, 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