CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMIN AIGHT INVANCE REPORT							
The C/OH Instruction	Guide explains how to com	plete this form	1 Filer ID(Ethio	cs Commission filers)	2 Total pages filed		
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	0	FFICE USE ONLY		
OFFICEHOLDER	Mr.	Robert	C.	Date Recei	/ed		
NAME	NICKNAME	LAST	SUFFIX	10/5/201	5		
	Chris	Bell					
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY;	STATE; ZIP CO	DE			
OFFICEHOLDER	PO Box 66544						
MAILING				Date Hand-de	ivered or Date Postmarked		
ADDRESS	Houston TX 77266						
Change of address	AREA CODE	PHONE NUMBER	EVTENCION				
5 CANDIDATE /		PHONE NUMBER	EXTENSION				
OFFICEHOLDER	(206) 8410114						
PHONE							
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Receipt #	Amount		
TREASURER	Mr.	Lias	J.	Date Proce	ssed		
NAME	NICKNAME	LAST	SUFFIX	Date Image	d		
	Jeff	Steen					
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	se);	APT/SUITE #;	CITY; STAT	E; ZIP CODE		
TREASURER	333 Clay St.						
ADDRESS	Suite 4620						
(Business)	Houston TX 77002						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(206) 8410114						
	January 15 X 30th day be	fore election Final	repport (Attach C/OH -	FR) Exceeded \$500 lim	it		
9 REPORT TYPE							
	July 15 8th day befo	ore election Runo	ff	15th day after camp	paign treasurer appointment(officeholder only)		
10 PERIOD	Month Day	Year		Month	Day Year		
COVERED	7/1/2015		THROUGH	Ş	0/24/2015		
11 ELECTION	ELECTION DATE	ELECTION	TYPE				
	Month Day Year		П в	<i>"</i>	Domestical		
	11/3/2015	Primary	Runo	χ Gene	ral Special		
12 OFFICE	OFFICE HELD (if any)	•	13 OFF	ICE SOUGHT (if known)			
			Ma	yor			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 FILER NAME Rober	t C. Bell		15 Filer ID	(Ethics Comm	nission Filers)
	expenditures may have	political contributions accepted or political expendible been made without the candidate's or officeholde receive notice of such expenditures.			
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME			
FROM	_				
POLITICAL	GENERAL	COMMITTEE ADDRESS			
COMMITTEE(S)					
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
additional pages					
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LE			
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF LOANS),	UNLESS ITEMIZED	19	
	2 TOTAL POLITIO	AL CONTRIBUTIONS			
	OTHER THAN (PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	3	6126,563.00
				FD.	
EXPENDITURE TOTALS	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LE	:55, UNLESS ITEMIZ	[\$	S
	4 TOTAL POLITIC	AL EXPENDITURES		9	5240,035.32
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED : FPERIOD	AS OF THE LAST DA		891,901.85
OUTSTANDING LOAN TOTALS		'AL AMOUNT OF ALL OUTSTANDIN HE REPORTING PERIOD	G LOANS AS OF THE	<u> </u>	2
TOTALS					,
18 AFFIDAVIT					
10 ALLIDAVII		Lswear	or affirm, under penal	ty of periury, that	the accompanying
		report is	true and correct and i	ncludes all inform	
		reporteu	by me under thie 13,	Liection Code.	
				Chris Bell	
			Signature of	f Candidate or Of	fficeholder
AFFIX NOT STAMP / SE	AL ABOVE				
Sworn to and subscribed	before me, by the said	d	, th	nis the	day
		, to certify which, witness			·
	,	, ; = ====, ; ; ; ; ; ; ; ; ; ; ; ; ; ;	,		
Signature of officer admir	nistering oath	Print name of officer administe	ering gath	Title of officer a	dministering oath
Signature of officer autility		name of emeet administe	9 0441	o or ornoor a	a notorning oddir

SL	JΒ	TOTALS - COH	FORM C/OH			
			COVER SHEET PG 3			
19 I	FIL	ER NAME Robert C. Bell	20 Filer ID (Ethics Commission Filers)			
21	S	CHEDULE SUBTOTALS	SUBTOTAL			
	Ν	AME OF SCHEDULE	AMOUNT			
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	124976			
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2587			
3		SCHEDULE B: PLEDGED CONTRIBUTIONS				
4	T	SCHEDULE E: LOANS				
5		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	210335.32			
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	29700			
7		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	IS			
8		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
11		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED TO FILER			

CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

FORM C/OH ADDENDUM

C/OH NAME Robert C. Bell

ACCOUNT # (Ethics Commission filers)

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.

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1	
The	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:			
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
4	Date	5 Full name of contributor Claudia D Stravato	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	7/1/2015	6 Contributor address;	City; Amarillo	State; Zip Code TX 79106-4108	\$35.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct WTAMU	tions)	
4	Date	5 Full name of contributor Cynthia Crutcher	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	7/1/2015	6 Contributor address;	City; Allen	State; Zip Code TX 75002-4313	\$10.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct M.O.S.E.S.	tions)	
4	Date	5 Full name of contributor Terence Vinson	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	7/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77036-6737	\$10.00	
8	Principal occ	cupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Retired		
4	Date	5 Full name of contributor Gary Grant	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	7/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098-1166	\$500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		

M	ONETARY	POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	TILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Eva Englehart			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/1/2015		Bellaire	TX 77401-5621	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Retired			Retired	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Sharon Baker			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/2/2015		Houston	TX 77025-1667	\$50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Interior Desig	n		Self	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Janet Hansen			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/2/2015		Houston	TX 77027-4007	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			Law Office of Janet Han	sen
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		D. Adamson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/2/2015		Houston	TX 77052-2014	\$65.00
8	Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
	Doto	5 Full name of contributor	out of otate !	DAC(ID# \	T
4	Date	5 Full name of contributor Beirne Maynard & Parsons	out of state I	-AO(ID#)	7 Amount of contributions (\$)
		1			I

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
The	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	\$1,000.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor harry Isensee	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3748	\$50.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	tions)
4	Date	5 Full name of contributor Michael Webster	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77030-1216	\$250.00
8	Principal oc	cupation / Job title (See Instructions) ofessor		9 Employer (See Instruc Rice University	Letions)
4	Date	5 Full name of contributor Rochelle Cyprus	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/3/2015	6 Contributor address;	City; Sugar Land	State; Zip Code TX 77478-3645	\$100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	Instruction (Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Charles Babcock	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77010-4037	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Jackson Walker LLP	tions)
4	Date	5 Full name of contributor Hugh Philip Cowdin	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2623	\$150.00
8	Principal occ	upation / Job title (See Instructions) uilder		9 Employer (See Instruct H. Phillip Cowden Comp	
4	Date	5 Full name of contributor John McIntyre	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/6/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1435	\$500.00
8 Principal occupation / Job title (See Instructions) Investments				9 Employer (See Instruction Sanders Morris Harris	I tions)
4	Date	5 Full name of contributor Christine Anderson	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/6/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-7135	\$50.00
8	Principal occ Senior Benef	upation / Job title (See Instructions) fits Manager		9 Employer (See Instruction of Section 1 Automotive	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MC	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	1،
The	Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
		Randel Young			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	7/6/2015		New Ulm	TX 78950-2249	\$250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Peter Williamson	Ц		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	7/6/2015		Houston	TX 77019-5324	\$100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
4	Date	5 Full name of contributor Barbara McGinity	out of state	PAC(ID#)	7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	7/8/2015		Houston	TX 77041-9229	\$250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Better Business Bureau	,	
4	Date	5 Full name of contributor Bob Ryan	out of state	PAC(ID#)	7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	7/9/2015		Houston	TX 77027-5504	\$2,500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Ryan's Real Estate	tions)	_
4	Date	5 Full name of contributor Sarah Loudermilk	out of state	PAC(ID#)	7 Amount of contributions (\$)	

MONI	ETAR	Y POLITICAL CONTR	RIBUTIONS	3	SCHEDULE A1
The Inst	truction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER	NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
7/9/	/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-4184	\$250.00
8 Pri	incipal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
No	onprofit Arts	s Management		Houston Youth Sympho	ny
4 Da	ate	5 Full name of contributor Walter Johnson	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
7/12	2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77004-7813	\$500.00
8 Pri	incipal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Da	ate	5 Full name of contributor Veronica Coulson	out of state F	I AC(ID#)	7 Amount of contributions (\$)
7/12	2/2015	6 Contributor address;	City; Athlone 7764	State; Zip Code Cape Province	\$50.00
8 Pri	incipal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Da	ate	5 Full name of contributor Carroll Dartez	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
7/13	3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227-7169	\$5.00
8 Pri	incipal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	8	SCHEDULE A1	
The	e Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:			
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
4	Date	5 Full name of contributor lan Cloud	out of state F	PAC(ID#)	7 Amount of contributions (\$)	
	7/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-6239	\$50.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct Heard Robins	tions)	
4	Date	5 Full name of contributor Robert Dowdall	out of state F	PAC(ID#)	7 Amount of contributions (\$)	
	7/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77088-5632	\$100.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Retired	I tions)	
4	Date	5 Full name of contributor George Hawkins	out of state F	PAC(ID#)	7 Amount of contributions (\$)	
	7/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-3221	\$50.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions) AXA Advisors		
4	Date	5 Full name of contributor Mark Clark	out of state F	PAC(ID#)	7 Amount of contributions (\$)	
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-2815	\$15.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct Burleson LLP	I tions)	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Randy Henderson			7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433-3133	\$75.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Self	ctions)
4	Date	5 Full name of contributor John Walker	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77004-7138	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction seitel-inc.	I utions)
4	Date	5 Full name of contributor Jane Cherry	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-4452	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Ellen Yarrell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1315	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Self	I tions)
4	Date	5 Full name of contributor Judith Mood	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR'	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077-3725	\$35.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	tions)
4	Date	5 Full name of contributor James Trussell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Princeton	State; Zip Code NJ 08540-5220	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Unemployed	etions)
4	Date	5 Full name of contributor Linnet Deily	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-3246	\$200.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	I trions)
4	Date	5 Full name of contributor Oliver Bogler	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-1719	\$15.00
8	Principal occi Associate Pro	upation / Job title (See Instructions) ofessor		9 Employer (See Instruction University of Texas MD	Anderson Cancer Center

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor John Hastings Jr.	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Meridian	State; Zip Code TX 76665-0899	\$25.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Wayne Kitchens	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77429-6723	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Hughes Watters & Askar	
4	Date	5 Full name of contributor Andrew Williams	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77035-3637	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct McCormick, McNeel, Edi	
4	Date	5 Full name of contributor Timothy Riley	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-1757	\$35.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	5	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Tammy Manning			7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; 77006	State; Zip Code	\$250.00
	Deinsinal	wasting / Joh title (Con Instructions)		To Franksian (Con Institute	#:a-a-)
8	Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Galligan & Manning	tions)
4	Date	5 Full name of contributor Bradford Oesch	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Richmond	State; Zip Code TX 77469-7319	\$100.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Bradford N. Oesch P.C.	Itions)
4	Date	5 Full name of contributor Joanne Vaughan	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75225-5001	\$50.00
8	Principal occ	cupation / Job title (See Instructions) er		9 Employer (See Instruction Self	Letions)
4	Date	5 Full name of contributor Sharan Finley	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Pasadena	State; Zip Code TX 77503-3455	\$5.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	I tions)
4	Date	5 Full name of contributor Clinton Wells	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction McDowell Wells	ctions)
4	Date	5 Full name of contributor Dolores Goble	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-3338	\$5.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Retired	I etions)
4	Date	5 Full name of contributor Michael DeVoll	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77035-2409	\$15.00
8		upation / Job title (See Instructions) fessional Counselor		9 Employer (See Instruction Self-employed	I otions)
4	Date	5 Full name of contributor Rick Provencio	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; El Paso	State; Zip Code TX 79902-2611	\$5.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Charles Henke	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-7528	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Henke & Williams	tions)
4	Date	5 Full name of contributor Anthony Heins	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3107	\$150.00
8	Principal occu	upation / Job title (See Instructions) Broker		9 Employer (See Instruction Heins Properties	I tions)
4	Date	5 Full name of contributor Gayla Sims	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-2932	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Laura Marsh	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6570	\$75.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Michael E. DeBakey VA	
4	Date	5 Full name of contributor out of state PAC(ID#)			

M	ONETARY	POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Ann Miller			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/15/2015		Houston	TX 77006-4649	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Financial Adv	isor		A. Miller Investment Adv	isors, L.P.
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Tirey Counts	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/15/2015		Houston	TX 77025-2603	\$75.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Owner/Broker	r		Apartment Locators	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Stephen Aslett			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/15/2015		Houston	TX 77006-1135	\$5.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	Prosecutor			Harris County District Att	torney's Office
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Jett Williams			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/15/2015		Houston	TX 77027-3119	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Attorney			Henke Law Firm	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Jim Newgard			7 Amount of contributions (\$)

M	ONETAR'	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction C	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5324	\$200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Total Petrochemicals	Letions)
4	Date	5 Full name of contributor Sara Lou Brown	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098-1177	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	etions)
4	Date	5 Full name of contributor Andy and Carol Vickery	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2319	\$10.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Justice Seekers	I Stions)
4	Date	5 Full name of contributor Arthur Feldman	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-3705	\$1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction & Asset Arthur S. Feldman & Asset Asse	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Gordon Young	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1129	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor John Koston	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5315	\$2,500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Lee Bischoff	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-6338	\$50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor harry Isensee	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3748	\$5.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	1
Th	e Instruction (Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	_
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	_
		Cy Clark			7 Amount of contributions (\$)	_
	7/16/2015	6 Contributor address;	City;	State; Zip Code	\$100.00	
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	_
4	Date	5 Full name of contributor Melissa Moore	out of state	PAC(ID#)	7 Amount of contributions (\$)	_
	7/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77266-7332	\$250.00	
8	Principal occ Attorney	supation / Job title (See Instructions)		9 Employer (See Instruction Moore and Associates	I trions)	_
4	Date	5 Full name of contributor John McDowell	out of state	PAC(ID#)	7 Amount of contributions (\$)	_
	7/17/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77010	\$500.00	
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc McDowell & Associates	Letions)	_
4	Date	5 Full name of contributor Jason Powers	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	7/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-4604	\$100.00	
8		eupation / Job title (See Instructions) designer, doctor, executive coach		9 Employer (See Instruction self, contract	Itions)	_
4	Date	5 Full name of contributor Garret Madderra	out of state	PAC(ID#)	7 Amount of contributions (\$)	

M	ONETARY	POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME R	Cobert C. Bell	. ,		3 Filer ID (Ethics Commission filers)
	7/19/2015	6 Contributor address;	City; San Francisco	State; Zip Code CA 94114-1521	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction Self	itions)
4	Date	5 Full name of contributor James Fairbanks 6 Contributor address;	out of state	PAC(ID#) State; Zip Code	7 Amount of contributions (\$)
	7/21/2015				\$25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Howard Hoover	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1911	\$50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction BFI, Inc.	I tions)
4	Date	5 Full name of contributor Claudia Stravato	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/21/2015	6 Contributor address;	City; Amarillo	State; Zip Code TX 79106-4108	\$50.00
8	Principal occu Professor	pation / Job title (See Instructions)		9 Employer (See Instruction WTAMU	etions)
4	Date	5 Full name of contributor George Foulard	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-4033	\$1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	Letions)
4	Date 7/22/2015	5 Full name of contributor Cassie Winthrow 6 Contributor address;	out of state City;	PAC(ID#) State; Zip Code	7 Amount of contributions (\$)
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Seth Silverman	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-5467	\$50.00
8	Principal occi Psychiatrist	upation / Job title (See Instructions)		9 Employer (See Instruc Silverman Forensic Psyc	
4	Date	5 Full name of contributor Clinton Wells	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction McDowell Wells	etions)

M	ONETAR'	Y POLITICAL CONT	RIE	BUTIONS	3	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te th	is form.		1 Total Pages Schedule A1:
2 F	ILER NAME I	Robert C. Bell				3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Marion Collier	T	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;		City; Houston	State; Zip Code TX 77006-5923	\$200.00
8	Principal occ	upation / Job title (See Instructions)			9 Employer (See Instruct Retired	ctions)
4	Date	5 Full name of contributor Peg Nevers		out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;		City; Houston	State; Zip Code TX 77025-4104	\$ 250.00
8	Principal occ	upation / Job title (See Instructions)			9 Employer (See Instruct Retired	Letions)
4	Date	5 Full name of contributor Barbara Koston		out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;		City;	State; Zip Code	\$100.00
8	Principal occ	ccupation / Job title (See Instructions)		9 Employer (See Instruct	ctions)	
4	Date	5 Full name of contributor John Koston		out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	7/23/2015	6 Contributor address;		City; Houston	State; Zip Code TX 77019-5315	\$2,175.12
8	Principal occ	upation / Job title (See Instructions)			9 Employer (See Instruct	otions)
4	Date	5 Full name of contributor		5 Full name of contributor out of state PAC(ID#)		

MONE	ETARY	POLITICAL CONTR	RIBUTIONS	5	SCHEDULE A1
The Instr	ruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 FILER	NAME R	obert C. Bell		,	3 Filer ID (Ethics Commission filers)
		Robin Burks			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/24/	2015		Houston	TX 77024-2756	\$25.00
8 Prir	ncipal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Clin	nical Psycho	ologist		Self Employed	
4 Dat	te	5 Full name of contributor	out of state F	PAC(ID#)	
		Jennifer Falk			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/24/2	2015		Houston	TX 77008-7078	\$100.00
8 Prir	ncipal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Lav	wyer			Harris County	
4 Dat	te	5 Full name of contributor	out of state F	PAC(ID#)	
		Gregg Farris			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/24/2	2015		Houston	TX 77009-4760	\$300.00
8 Prir	ncipal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Dat	te	5 Full name of contributor	out of state F	PAC(ID#)	
		David Black			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
7/24/	2015		Houston	TX 77056-7220	\$250.00
8 Prir	ncipal occup	Legation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4 5-1	<u> </u>	E Full name of contributes	Out of state 5)	T
4 Dat	ıe	5 Full name of contributor Cassie Lee	out of state F	MO(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	BUTION	S	SCHEDULE A1
The	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell	,		3 Filer ID (Ethics Commission filers)
	7/24/2015	6 Contributor address;	City; Pasadena	State; Zip Code TX 77503-4303	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
	Senior Exec	utive Assistant		Chanel	
4	Date	5 Full name of contributor Gerald Ryan	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4428	\$1,250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Peggy Meredith	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-5507	\$ 250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Perry Dorrell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77035-5914	\$40.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
	President			Dorrell Financial LLC	

IVI	ONETAR	Y POLITICAL CONTR	IBUTIONS	•	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		John Morrison			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/24/2015		Houston	TX 77019-5315	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Builder			UrbanCraft Custom Build	ders
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Lisa Lindelef			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/25/2015		San Francisco	CA 94115-1625	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
	not employe	d		none	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Floyd Robinson	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/25/2015		Houston	TX 77027-5723	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Director			University of Houston He	ealth Clinic
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Brina Mllikowsky	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/25/2015		New York	NY 10003-5944	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Lawyer			Everytown for Gun Safet	ty

M	ONETARY	POLITICAL CONTR	RIBUTIONS		SCHEDULE A1
The	e Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Gregory Kenney	out of state P	AC(ID#)	7 Amount of contributions (\$)
	7/27/2015	6 Contributor address;	City;	State; Zip Code	\$200.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Paula Stone	out of state P	AC(ID#)	7 Amount of contributions (\$)
	7/27/2015	6 Contributor address;	City; Aransas Pass	State; Zip Code TX 78335-1056	\$15.00
8	Principal occuretired teache	pation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor Dolores Goble	out of state P	AC(ID#)	7 Amount of contributions (\$)
	7/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6329	\$25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor George Rustay	out of state P	AC(ID#)	7 Amount of contributions (\$)
	7/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2414	\$25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Gray Reed& Msgraw	I tions)
4	Date	5 Full name of contributor	out of state P	AC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S		SCHEDULE A	1
The	e Instruction	Guide explains how to comple	ete this form.		1 Tota	l Pages Schedule A1:	_
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	_
		Michael Tate Barkley			7	Amount of contributions (\$)	_
	7/07/0045	6 Contributor address;	City;	State; Zip Code		#25.00	
	7/27/2015		Houston	TX 77035-5006		\$25.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Michael ' Tate' Barkley,			_
4	Date	5 Full name of contributor David Z. Mafrige	out of state	PAC(ID#)	7	Amount of contributions (\$)	_
	7/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-1588		\$1,000.00	
8		cupation / Job title (See Instructions) Real Estate Investments		9 Employer (See Instruction David Z. Mafrige Interest			_
4	Date	5 Full name of contributor Carroll Dartez	out of state	PAC(ID#)	7	Amount of contributions (\$)	_
	7/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227-7169		\$10.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		_
4	Date	5 Full name of contributor Jennifer Chavis	out of state	PAC(ID#)	7	Amount of contributions (\$)	-
	7/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4236		\$50.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Shell	etions)		_
4	Date	5 Full name of contributor Kara Mings	out of state	PAC(ID#)	7	Amount of contributions (\$)	

М	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
	7/27/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401-3712	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
					1
4	Date	5 Full name of contributor Julane Knobil	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2107	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction	etions)
4	Date	5 Full name of contributor Judith Snively	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3936	\$35.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Self	Letions)
4	Date	5 Full name of contributor Charlotte Coffelt	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Kingwood	State; Zip Code TX 77345-1814	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I etions)

M	ONETARY	POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	uide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME R	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Lawrence Peretzman	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-3616	\$15.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Unemployed	tions)
4	Date	5 Full name of contributor Dotty Oelkers	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Conroe	State; Zip Code TX 77384-3247	\$10.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct DES, Inc.	I tions)
4	Date	5 Full name of contributor Joanne Vaughan	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75225-5001	\$10.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor James Furr	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1613	\$50.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Gensler	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MON	NETARY	POLITICAL CONTI	RIBUTION	S		SCHEDULE A	Α1
The In	struction G	uide explains how to complet	te this form.		1 Total	l Pages Schedule A1:	
2 FILE	R NAME R	Robert C. Bell			3 Filer ID (I	Ethics Commission filers)	
		Betty Adam			7	Amount of contributions (\$)	
7/2	28/2015	6 Contributor address;	City;	State; Zip Code		\$500.00	
8 F	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4 [Date	5 Full name of contributor Richard Shockett	out of state	PAC(ID#)	7	Amount of contributions (\$)	
7/2	28/2015	6 Contributor address;	City; Austin	State; Zip Code TX 78757-4366		\$10.00	
	Principal occu	pation / Job title (See Instructions) vice Rep		9 Employer (See Instruc	tions)		
4 [Date	5 Full name of contributor Patricia Bell	out of state	PAC(ID#)	7	Amount of contributions (\$)	
7/2	28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2124		\$50.00	
_	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction Not employed	tions)		
4 [Date	5 Full name of contributor Steve Washburn	out of state	PAC(ID#)	7	Amount of contributions (\$)	
7/2	29/2015	6 Contributor address;	City; Lubbock	State; Zip Code TX 79464-5162		\$5.00	
	Principal occu Teacher	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4 [Date	5 Full name of contributor Tirey Counts	out of state	PAC(ID#)	7	Amount of contributions (\$)	

М	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2603	\$25.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Apartment Locators	Letions)
4	Date	5 Full name of contributor Michael DeVoll	out of state		7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77035-2409	\$25.00
8		upation / Job title (See Instructions) fessional Counselor		9 Employer (See Instruction Self-employed	I etions)
4	Date	5 Full name of contributor John Flanagan	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Fort Worth	State; Zip Code TX 76134-1625	\$250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor Julane Knobil	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2107	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction	otions)

M	ONETAR	Y POLITICAL CONT	RIBUTIO	NS	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Truett Latimer	out of sta	te PAC(ID#)	7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-5601	\$150.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Retired	tions)
4	Date	5 Full name of contributor Jack Spivey	out of sta	te PAC(ID#)	7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-5112	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Rosemary Ryan	out of sta	te PAC(ID#)	7 Amount of contributions (\$)
	7/30/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4428	\$300.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Retired	Litions)
4	Date	5 Full name of contributor Randy Henderson	out of sta	te PAC(ID#)	7 Amount of contributions (\$)
	7/30/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433-3133	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of sta	te PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	TRIBUTION	S	SCHEDU	LE A1
The	Instruction (Guide explains how to compl	1 Total Pages Schedule A1:			
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
		Isabel Kahn	,		7 Amount of contributions (\$)	1
		6 Contributor address;	City;	State; Zip Code		
	7/30/2015		Houston	TX 77035-5002	\$10.00	
8	Principal occ	cupation / Job title (See Instructions)	1	9 Employer (See Instruction Houston Methodist	Litions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		harry Isensee			7 Amount of contributions (\$))
		6 Contributor address;	City;	State; Zip Code		
	7/30/2015		Houston	TX 77006-3748	\$10.00	
8	Principal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	tions)	
4	Date	5 Full name of contributor Cody Greenwood	out of state	PAC(ID#)	7 Amount of contributions (\$)	1
		6 Contributor address;	City;	State; Zip Code		
	7/31/2015		Houston	TX 77057-2063	\$500.00	
8	Principal occ	cupation / Job title (See Instructions))	9 Employer (See Instruc	tions)	
4	Date	5 Full name of contributor Mark White	out of state	PAC(ID#)	7 Amount of contributions (\$)	1
		6 Contributor address;	City;	State; Zip Code		
	7/31/2015				\$250.00	
8	Principal occ	cupation / Job title (See Instructions))	9 Employer (See Instruction Self	Litions)	
4	Date	5 Full name of contributor Sara Love	out of state	PAC(ID#)	7 Amount of contributions (\$)	

М	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction C	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	7/31/2015	6 Contributor address;	City; Bethesda	State; Zip Code MD 20817-4028	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor Jim Newgard	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5324	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Total Petrochemicals	Letions)
4	Date	5 Full name of contributor James Newgard	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5324	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Total Petrochemicals	I etions)
4	Date	5 Full name of contributor Nell Richardson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	7/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1520	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction	etions)

M(ONETAR	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Lyda Henderson	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	7/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77031-2762	\$200.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruct Retired	tions)
4	Date	5 Full name of contributor Donald Vold	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098-4302	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Not Employed	Litions)
4	Date	5 Full name of contributor John Andell	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6301	\$250.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Bryan Henry	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/1/2015	6 Contributor address;	City; Kingwood	State; Zip Code TX 77339-1308	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Humble ISD	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	۱1
The	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:			
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
		Bob Thurmond			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/2/2015		Houston	TX 77055-7286	\$1,000.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Attorney			RHT Investments		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Jett Williams			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/2/2015		Houston	TX 77027-3119	\$100.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	_
	Attorney			Henke Law Firm		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Trey Monsour			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/2/2015		Houston	TX 77003-3238	\$25.00	
8	Principal oc			9 Employer (See Instruc	tions)	
	attorney			K&L Gates		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Stephen Victor			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/2/2015		Houston	TX 77007-4147	\$25.00	
8	Principal oc	L cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	_
	Obsidian Le	earning		Strategy and Design Lea	ad	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Trey Monsour			7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
The	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell	,		3 Filer ID (Ethics Commission filers)
	8/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77003-3238	\$25.00
8	Principal occ	rupation / Job title (See Instructions)		9 Employer (See Instruc K&L Gates	Letions)
4	Date	5 Full name of contributor Edwin Cordray	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-6512	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I trions)
4	Date	5 Full name of contributor Randall Ray	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77092-5008	\$25.00
8		upation / Job title (See Instructions) al Controls Analyst		9 Employer (See Instruc Texas Children's	I tions)
4	Date	5 Full name of contributor Hugh Philip Cowdin	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2623	\$150.00
8	Principal occ Contractor/B	cupation / Job title (See Instructions)		9 Employer (See Instruc H. Phillip Cowden Comp	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Dena Linda	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4119	\$25.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct University of Houston	tions)
4	Date	5 Full name of contributor Micki Bronston	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/4/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401-5803	\$500.00
8		upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Brad Odom	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3343	\$100.00
8	Principal occi	upation / Job title (See Instructions)			L tions)
4	Date	5 Full name of contributor Alice McCarthy	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1113	\$25.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	l tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Robert Simpson			7 Amount of contributions (\$)
	8/5/2015	6 Contributor address;	City;	State; Zip Code TX 77025-1610	\$150.00
	0/0/2010		Housian	1X 17020 1010	\$ 100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Barry Palmer	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/6/2015		Houston	TX 77046-0307	\$1,000.00
8	Principal oc	L cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Attorney			Coats, Rose, Yale, Rym	nan & Lee
4	Date	5 Full name of contributor	out of state	PAC(ID#)	7 Amount of contributions (C)
		Barkley Thompson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/6/2015		Houston	TX 77019-1504	\$100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Reverend			Christ Church	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Dean Putterman			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/7/2015		Houston	TX	\$250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
				Financial Consultant	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Robert Bruce			7 Amount of contributions (\$)

М	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	The Instruction Guide explains how to complete this form.				1 Total Pages Schedule A1:
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/7/2015	6 Contributor address;	City; Las Vegas	State; Zip Code NV 89141-4205	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Jones Vargas	tions)
4	Date	5 Full name of contributor James Robertson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX	\$2,500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Roberston & Anschultz,	
4	Date	5 Full name of contributor Marc Stanley	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/10/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75205-3440	\$200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Stanley, Mandel & Iola,	
4	Date	5 Full name of contributor Michael Bullington	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6017	\$1,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instructional Systems	tions)

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	e Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Gordon Quan	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77251-1562	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Quan, Burdette & Perez	
4	Date	5 Full name of contributor Eileen Seagraves	out of state R	I PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433-3739	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Laurie Geston	out of state R	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-6218	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Debra Hovnatanian	out of state R	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77401	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MC	ONETARY	POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
The	Instruction G	duide explains how to complet	1 Total Pages Schedule A1:		
2 FI	LER NAME R	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Carlos Gonzales			7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-3519	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Clinton Wells	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction McDowell Wells	Itions)
4	Date	5 Full name of contributor Judith Snively	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3936	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Self	etions)
4	Date	5 Full name of contributor Jimmy Grace	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-4305	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc St. Andrew's Episcopal	Letions)
4	Date	5 Full name of contributor Michael Goble	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-3338	\$35.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruction United Nations	etions)
4	Date	5 Full name of contributor Dolores Goble	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6329	\$5.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction None	Letions)
4	Date	5 Full name of contributor Richard Evans	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2411	\$10.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc Richard A. Evans, M.D.	I tions)
4	Date	5 Full name of contributor Sidney McClendon	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/12/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1056	\$1,000.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruc Lawyer	etions)

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	8	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Myles Siegal	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2023	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction	tions)
4	Date	5 Full name of contributor Trey Monsour	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77003-3238	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct K&L Gates	I tions)
4	Date	5 Full name of contributor Andy and Carol Vickery	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2319	\$10.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Justice Seekers	I tions)
4	Date	5 Full name of contributor Marjorie Johnson	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-1008	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Mickey Altman			7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1817	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Self	tions)
4	Date	5 Full name of contributor Mary Pfeiffer	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	8/18/2015	6 Contributor address;	City; Washington	State; Zip Code DC 20002-7331	\$15.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Kuster for Congress	tions)
4	Date	5 Full name of contributor David Cukierman	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-4100	\$2,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor David Farris	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5315	\$1,490.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction CPanel, Inc.	I tions)
4	Date	5 Full name of contributor John Koston	out of state I	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR'	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
	8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5315	\$124.88
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Jason Powers	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-4604	\$100.00
8		upation / Job title (See Instructions) designer, doctor, executive coach		9 Employer (See Instruct	etions)
4	Date	5 Full name of contributor Tristan Berlanga	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007-8307	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor James Fairbanks	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77030-1002	\$25.00
8	Principal occi	upation / Job title (See Instructions) ofessor		9 Employer (See Instruction Univ. of Houston Downt	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor James Probst	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Humble	State; Zip Code TX 77396-4515	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Stephen Rogers	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75205-3037	\$500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct Real Estate Developer	I tions)
4	Date	5 Full name of contributor Howard Hoover	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1911	\$50.00
8	Principal occ Attorney	upation / Job title (See Instructions)		9 Employer (See Instruct BFI, Inc.	I tions)
4	Date	5 Full name of contributor Hilary Fried	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Milford	State; Zip Code CT 06460-8148	\$25.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction (retired)	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	POLITICAL CONTI	RIBUTIONS	S	SCHEDULE A1
Th	e Instruction G	uide explains how to complet	1 Total Pages Schedule A1:		
2 F	FILER NAME R	Cobert C. Bell			3 Filer ID (Ethics Commission filers)
		Terry Fry			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/21/2015		Houston	TX 77027-6438	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			Terry G. Fry, P.C.	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Ronald Rea			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/22/2015		Houston	TX 77257-1085	\$20.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Social worker			Retired	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		George Foulard			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/22/2015		Houston	TX 77027-4033	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Not employed			Not employed	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Daniel Arguijo			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/23/2015		Houston	TX 77006-3628	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Date	5 Full name of contributor	out of state	BAC(ID#)	T
4	Dale	Haddis Tewolde	U out of state	1 AO(10#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTRI	BUTIONS	5	SCHEDULE A	1
Th	e Instruction	Guide explains how to complete t	1 Total Pages Schedule A1:			
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
	8/24/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77489	\$500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Alliance Laboratories, In		_
4	Date 8/24/2015	5 Full name of contributor Taddesse Gebremussie 6 Contributor address;	out of state F	PAC(ID#) State; Zip Code	7 Amount of contributions (\$)	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	_
4	Date	5 Full name of contributor Katie Petroski	out of state F	PAC(ID#)	7 Amount of contributions (\$)	_
	8/25/2015	6 Contributor address;	City;	State; Zip Code	\$50.00	
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruc Chamberlain Hrdlicka	ctions)	
4	Date	5 Full name of contributor Joe Beverly	out of state F	PAC(ID#)	7 Amount of contributions (\$)	
	8/25/2015	6 Contributor address;	City; Bella-Ire,	State; Zip Code	\$100.00	
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruc Dow Golub Remels & Be		

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Gilbert Baker	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-5736	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction The AFP Group	tions)
4	Date	5 Full name of contributor Karen Dow	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City;	State; Zip Code	\$200.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Kathryn Nelson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3660	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Berg Feldman Johnson B	
4	Date	5 Full name of contributor Stephen Aslett	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1135	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Harris County District Att	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	POLITICAL CONTR	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME R	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		David Barnshart			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 77004-7205	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Julie Countiss			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 77006-5217	\$40.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	attorney			Berry Firm	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Robert Glaser			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 77098-0025	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	President			Dymat, Inc.	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		David Mee			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 77096-5836	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Doto	E Full name of contributor	out of otate F	DAC(ID#)	T
4	Date	5 Full name of contributor Brenda Gibson	out of state F	AC(ID#)	7 Amount of contributions (\$)
		1			

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77069-1736	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Yetter Coleman LLP	ctions)
4	Date	5 Full name of contributor Martha Williams	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1202	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor L Gardner Landry	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227-2524	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Robert Binstock	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4149	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Reich and Binstock LLP	

M	ONETARY	POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	uide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME R	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Marvin Rich	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4111	\$250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction	tions)
4	Date	5 Full name of contributor Laura Rushefsky	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-3924	\$25.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Bridget Jensen	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-3704	\$15.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Not employed	I tions)
4	Date	5 Full name of contributor Oliver Bogler	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/25/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-1719	\$500.00
8	Principal occu	pation / Job title (See Instructions) fessor		9 Employer (See Instruction University of Texas MD /	I tions) Anderson Cancer Center
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	,	Richard Bischoff			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 77019-1001	\$500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Executive			BSL Golf	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		V.G. Levine			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/26/2015		Houston	TX 77056-3243	\$200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Martin J. Siegel			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/26/2015		Houston	TX 77098	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Ty Kelly	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/26/2015		Houston	TX 77019-1509	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		C Dieter Ufer			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	TILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-5214	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Dana Epley	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3710	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Marriott	tions)
4	Date	5 Full name of contributor Sue Ann Cox	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007-2631	\$50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	
4	Date	5 Full name of contributor Kirk Weaver	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2022	\$50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I:tions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Christopher McCord	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-3032	\$200.00
8	Principal occu	upation / Job title (See Instructions) anking		9 Employer (See Instruct Healthcare Growth Partn	
4	Date	5 Full name of contributor Christian Alexander	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-6703	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Organic Fuels	I tions)
4	Date	5 Full name of contributor Grant Harpold	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2039	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Vincent, Lopez, Serafino	
4	Date	5 Full name of contributor Harlan Murphy	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1803	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Fabene Welch			7 Amount of contributions (\$)
	0/20/2045	6 Contributor address;	City;	State; Zip Code	\$400.00
	8/28/2015		Houston	TX 77002-6707	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
	Attorney			EnerVest Ltd	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Julane Knobil	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/28/2015		Houston	TX 77025-2107	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	retired			none	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Jacquelyn Cox			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/29/2015		Houston	TX 77005-4026	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Chris Di Ferrante			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/30/2015		Houston	TX 77008-7036	\$75.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Attorney			self	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	
		Isabel Kahn			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/30/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77035-5002	\$10.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruction Methodist	tions)
4	Date	5 Full name of contributor Ted Dom	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/30/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-4127	\$100.00
8		cupation / Job title (See Instructions) I Real Estate		9 Employer (See Instruc Cameron Management	tions)
4	Date	5 Full name of contributor Shannon Hayes	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2424	\$1,000.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruction not available	tions)
4	Date	5 Full name of contributor M. A. Correll	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5916	\$1,000.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Lextions)

M	ONETARY	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	Instruction G	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Susan Soussan	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-3079	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Law Office of Susan Sou	
4	Date	5 Full name of contributor Lizabeth Green	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-2989	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Capstar Commercial	I tions)
4	Date	5 Full name of contributor Janet Chafin	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77010-4037	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Jackson Walker	I tions)
4	Date	5 Full name of contributor Adam Briscoe	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3747	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Sam-I-Am Films	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

MC	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The	Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 FI	LER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Gayla Sims			7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-2932	\$25.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Clinton Wells	_		7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Attorney			McDowell Wells	
4	Date	5 Full name of contributor Ellen Yarrell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1315	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Self	ptions)
4	Date	5 Full name of contributor Judith Mood	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077-3725	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	btions)
4	Date	5 Full name of contributor Gordon Speights Young	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1261	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc US Dept. Of Justice	I etions)
4	Date	5 Full name of contributor Dotty Oelkers	⊔ 	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Conroe	State; Zip Code TX 77384-3247	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction DES, Inc.	I otions)
4	Date	5 Full name of contributor Dee Dee Dochen	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3050	\$100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Caroline Minter	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77030-1215	\$15.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	ctions)

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Dawson Financial Services	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-1906	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor David Mafrige	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-1588	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct David Z. Mafrige Interest	
4	Date	5 Full name of contributor Richard Fallin	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor Stephen Bailey	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2109	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Cruse, Scott, Henderson	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
		Elizabeth Ashton			7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77003-2238	\$35.00
8	Principal occ	supation / Job title (See Instructions) ed		9 Employer (See Instruction not employeed	ctions)
4	Date	5 Full name of contributor Tirey Counts	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-2603	\$100.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruction Apartment Locators	I trions)
4	Date	5 Full name of contributor Jennifer Chavis	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4236	\$50.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc Shell	Letions)
4	Date	5 Full name of contributor Lance Rosmarin	out of state	PAC(ID#)	7 Amount of contributions (\$)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-5147	\$50.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Coldwell Banker	Letions)
4	Date	5 Full name of contributor Barbara McGinity	out of state	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	8/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77041-9229	\$100.00
8	Principal occ Social Worke	upation / Job title (See Instructions)		9 Employer (See Instruction Better Business Bureau	
4	Date	5 Full name of contributor Leah Ellen Harrison	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77009-7106	\$200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor Bob Thurmond	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77055-7286	\$1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Stephen Victor	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007-4147	\$25.00
8	Principal occ Obsidian Lea	upation / Job title (See Instructions)		9 Employer (See Instruction Strategy and Design Lea	

M	ONETAR'	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction C	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Mary Ann Young	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1129	\$250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct Bell for Mayor	tions)
4	Date	5 Full name of contributor Lance McGhee	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77004-1812	\$25.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor George Kelly	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2549	\$200.00
8	Principal occ	upation / Job title (See Instructions) d CEO		9 Employer (See Instruction Cap Street Group	tions)
4	Date	5 Full name of contributor Taddesse Gebremussie	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/3/2015	6 Contributor address;	City;	State; Zip Code	\$100.00
8	Principal occ	Lupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETARY	POLITICAL CONTR	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME R	obert C. Bell		,	3 Filer ID (Ethics Commission filers)
		Alice Collette	-		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2015		Houston	TX 77006-4420	\$1,500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Executive Dire	ector		The Heritage Society	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Richard Newlin			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2015		Houston	TX 77023-3503	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Florist/Self Em	nployed		Self Employed	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Jennifer Paden			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2015		Houston	TX 77005-1615	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Secretary			Christ Church Cathedral	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Jay Monroe			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/3/2015		Houston	TX 77019-5916	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	Realtor			Martha Turner Sotheby's	3
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	
		Dillon Kyle			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3615	\$500.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruction Dillon Kyle Architects	ctions)
4	Date	5 Full name of contributor Hugh Philip Cowdin	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2623	\$150.00
8	Principal oc	cupation / Job title (See Instructions) Builder		9 Employer (See Instruc H. Phillip Cowden Comp	
4	Date	5 Full name of contributor Hugh Philip Cowdin	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2623	\$150.00
8	Principal oc Contractor/l	ccupation / Job title (See Instructions) Builder		9 Employer (See Instruc H. Phillip Cowden Comp	
4	Date	5 Full name of contributor Frank Ohrt	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77018-2209	\$300.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruction Retired	I etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Karen George	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-2622	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct Ralph S. O'Connor & Ass	
4	Date	5 Full name of contributor Aurko Dutta	out of state I	I PAC(ID#)	7 Amount of contributions (\$)
	9/7/2015	6 Contributor address;	City;	State; Zip Code	\$1,001.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct RBF Management	I tions)
4	Date	5 Full name of contributor Gertrude Meanor	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4426	\$100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Gertrude Meanor	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4426	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	1،
The	e Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
		Craig Muessig			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2015		Baytown	TX 77521-4118	\$100.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Attorney			Self		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Kent Grubbs			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2015		Houston	TX 77007-2010	\$500.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	Retired			Retired		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Michael Hendryx			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2015		Houston	TX 77024-3606	\$100.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
	attorney			Strong Pipkin		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Robert Taylor			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/8/2015		Houston	TX 77006-4013	\$150.00	
8	Principal oc	L cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	
	Architect			Chelsea Architects		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		_
		Frank Tilton			7 Amount of contributions (\$)	

М	ONETAR	Y POLITICAL CONTR	SCHEDULE A		
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell	,		3 Filer ID (Ethics Commission filers)
	9/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3140	\$1,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Retired	etions)
4	Date	5 Full name of contributor Dennis Arnie	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77063-5105	\$250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor Chris Di Ferrante	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-7036	\$500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction self	I otions)
4	Date	5 Full name of contributor Clinton Wells	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$20.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction McDowell Wells	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIO	NS	SCHEDULE A1
The	Instruction G	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor out of state F Evelyn Boatwright		tate PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77079-7018	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Not employed	ctions)
4	Date	5 Full name of contributor Ellen Yarrell	out of st	tate PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-1315	\$2,500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Self	Letions)
4	Date	5 Full name of contributor John Glover	out of st	tate PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6033	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Self	etions)
4	Date	5 Full name of contributor Alison Malone	out of st	tate PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75225-7119	\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction Self Employed	tions)
4	Date	5 Full name of contributor	out of st	tate PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	1
The	e Instruction (Guide explains how to comple	1 Total Pages Schedule A1:			
2 F	ILER NAME	Robert C. Bell	3 Filer ID (Ethics Commission filers)	_		
		Janet Chafin			7 Amount of contributions (\$)	_
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77010-4037	\$250.00	
8	Principal occ Attorney	upation / Job title (See Instructions)		9 Employer (See Instruction Jackson Walker	ctions)	_
4	Date	5 Full name of contributor Alison Bell	out of state	PAC(ID#)	7 Amount of contributions (\$)	_
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025-1719	\$25.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	_
4	Date	5 Full name of contributor David Crossley	out of state	PAC(ID#)	7 Amount of contributions (\$)	_
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3708	\$100.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Not employeed	ctions)	_
4	Date	5 Full name of contributor James Cauley	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/9/2015	6 Contributor address;	City; Louisville	State; Zip Code KY 40241-6209	\$1,500.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instructions)	ctions)	_
4	Date	5 Full name of contributor Colleen Butterfield	out of state	PAC(ID#)	7 Amount of contributions (\$)	

M	ONETAR	RY POLITICAL CONTR	SCHEDULE A1		
The	Instruction	Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015		Grapevine	TX 76051-6665	\$15.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Bryce Callahan	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015		Houston	TX 77005-1112	\$100.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Attorney			Yetter Coleman	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Jacque Passino			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	9/9/2015		Houston	TX 77019-5917	\$100.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
	Change Ma	anagement Consultant		Self	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Steve Moore	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	9/9/2015				\$2,500.00
8	Principal on	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	5.75	,		, ,,,,,	,

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	Instruction G	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state P	PAC(ID#)	
		Charles Rosson	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015				\$250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	Lions)
	Attorney			V&E	
4	Date	5 Full name of contributor	out of state P	AC(ID#)	
		James Furr	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015		Houston	TX 77005-1613	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	Architect			Gensler	
4	Date	5 Full name of contributor	out of state P	PAC(ID#)	
		Seth Russell			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015				\$200.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
	Attorney			Andrews Myers	
4	Date	5 Full name of contributor	out of state P	AC(ID#)	
		Jeffrey Johnston			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/9/2015		Houston	TX 77002-6706	\$500.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state P	PAC(ID#)	

M	ONETARY	POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	e Instruction G	uide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME R	obert C. Bell			3 Filer ID (Ethics Commission filers)
		Barrett Reasoner			7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-5215	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc Gibbs & Bruns, L.L.P.	tions)
4	Date	5 Full name of contributor Michael Holloman	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1620	\$250.00
8	Principal occu Business Brok	pation / Job title (See Instructions)		9 Employer (See Instruction Murphy Business	etions)
4	Date	5 Full name of contributor Robert Schick	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-7111	\$250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction & Elkins	I tions)
4	Date	5 Full name of contributor John Chapoton	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-3009	\$250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	<u>I</u> tions)
4	Date	5 Full name of contributor Nils Magelssen	out of state F	PAC(ID#)	7 Amount of contributions (\$)

MC	ONETAR	Y POLITICAL CONTR	S	SCHEDULE A1		
The	Instruction (Guide explains how to complete		1 Total Pages Schedule A1:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4236	\$100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc Clarksons Shipping Sen		
4	Date	5 Full name of contributor Michael Stern	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096-4138	\$25.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	I etions)	
4	Date	5 Full name of contributor Eleanor McMurtrey	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/10/2015	6 Contributor address;	City;	State; Zip Code	\$100.00	
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruction McMurtrey Gallery	I stions)	
4	Date	5 Full name of contributor Rob Reedy	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-6341	\$200.00	
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Porter Hedges	otions)	

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Gina Vosko	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-6762	\$125.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Robert Reedy	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-6510	\$200.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction porter hedges lip	L tions)
4	Date	5 Full name of contributor William Muessig	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Bella-Ire,	State; Zip Code	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	Lions)
4	Date	5 Full name of contributor Jim Fitch	out of state F	L PAC(ID#)	7 Amount of contributions (\$)
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077-6033	\$25.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5		SCHEDULE	: A1
Th	e Instruction G	Guide explains how to comple	ete this form.		1 Total Pag	ges Schedule A1:	
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics	Commission filers)	
		Caroline Minter			7 A	mount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/10/2015		Houston	TX 77030-1215		\$5.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc Not employed	Liions)		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Pamela Lanagan			7 A	mount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/10/2015		Nacogdoches	TX 75965-2656		\$5.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	Lions)		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Randy Henderson	_		7 A	mount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/10/2015		Cypress	TX 77433-3133		\$50.00	
8	Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	ions)		
	Lawyer			Self			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	7 ^	mount of contributions (C)	
		Barbara McGinity			7 A	mount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/10/2015		Houston	TX 77041-9229		\$100.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
	Social Worke	r		Better Business Bureau			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Jayson Rhoton			7 A	mount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction (Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	FILER NAME	Robert C. Bell		3 Filer ID (Ethics Commission filers)	
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006	\$25.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction University of Texas	etions)
4	Date	5 Full name of contributor Jim Adler	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-3274	\$250.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Jim S. Adler and Association	
4	Date	5 Full name of contributor Arthur Nicholson	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/11/2015	6 Contributor address;	City; San Antonio	State; Zip Code TX 78209-2205	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Self	I stions)
4	Date	5 Full name of contributor Clinton Wells	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-6035	\$100.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction McDowell Wells	ptions)

M	ONETARY	POLITICAL CONT	RIBU	JTIONS	5	SCHEDULE A1
The	e Instruction G	Guide explains how to comple		1 Total Pages Schedule A1:		
2 F	ILER NAME F	Robert C. Bell	3 Filer ID (Ethics Commission filers)			
4	Date	5 Full name of contributor out of state P George Cook		AC(ID#)	7 Amount of contributions (\$)	
	9/11/2015	6 Contributor address;		ity; aty	State; Zip Code TX 77450-4546	\$50.00
8	Principal occu	upation / Job title (See Instructions)			9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Ron Marks		out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	9/12/2015	6 Contributor address;		ity; ouston	State; Zip Code TX 77007-8021	\$250.00
8	Principal occu	upation / Job title (See Instructions)			9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Andrew McFarland	(out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/13/2015	6 Contributor address;		ity; ouston	State; Zip Code TX 77069-1127	\$500.00
8	Principal occu	upation / Job title (See Instructions)			9 Employer (See Instruct Not employed	I tions)
4	Date	5 Full name of contributor Rick Provencio		out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/14/2015	6 Contributor address;		ity; I Paso	State; Zip Code TX 79902-2611	\$5.00
8	Principal occu	upation / Job title (See Instructions)			9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor		out of state F	PAC(ID#)	

M	ONETARY	Y POLITICAL CONT	RIBUTION	S	SC	CHEDULE A1
The	Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedul	e A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission f	ilers)
		Barry Moore			7 Amount of contr	ibutions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-2815	\$100.C	0
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Gensler & Assoc.	ions)	
4	Date	5 Full name of contributor Jerri Stevak	out of state	PAC(ID#)	7 Amount of contr	ibutions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077-3831	\$100.C	0
8		upation / Job title (See Instructions) uling Manager		9 Employer (See Instruc CITGO Petroleum Corp	Lions)	
4	Date	5 Full name of contributor William McKenzie	out of state	PAC(ID#)	7 Amount of contr	ibutions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2240	\$1,000.	00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Chevron	Lions)	
4	Date	5 Full name of contributor Eric Pulaski	out of state	PAC(ID#)	7 Amount of contr	ibutions (\$)
	9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-3834	\$1,000.	00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction SmartVault Corp.	Licions)	
4	Date	5 Full name of contributor Georgianna Hockman	out of state	PAC(ID#)	7 Amount of contr	ibutions (\$)

M	ONETAR	RY POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell		-	3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	9/14/2015		Houston	TX 77227-7039	\$100.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Michael McMahan			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/14/2015		Houston	TX 77025-1720	\$250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Civil Engine	eer		Turner Collie & Broden	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Joy Stapp			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/14/2015		Houston	TX 77008-7062	\$50.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Counsultan	t		Stapp Singleton	
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Will Robinson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/14/2015		Victoria	TX 77902-2549	\$5,000.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Andrew Lubertkin	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77027-2902	\$500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Marilyn Oshman	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227-7969	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Oshman's Sporting Good	
4	Date	5 Full name of contributor Andrew Rice	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City;	State; Zip Code	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Andrea Greer and Henry Hill	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77009-6629	\$200.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S		SCHEDULE A	\1
The	e Instruction G	Guide explains how to comple	ete this form.		1 Tota	al Pages Schedule A1:	
2 F	ILER NAME F	Robert C. Bell			3 Filer ID	(Ethics Commission filers)	
		Jason Williams			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/15/2015		Houston	TX 77019-2141		\$100.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Charles Sharman	Ц		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/15/2015		Houston	TX 77098-2685		\$600.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Jennifer LeGrand			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/15/2015		Houston			\$250.00	
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
	Corporate Co	punsel		Exterran			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Leslie Swackhamer			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/15/2015		Houston	TX 77027-6309		\$200.00	
8	Principal occi	Lupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
	Various			Stage Director			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			_
		Richard Finger			7	Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction (Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	9/15/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-1111	\$300.00
8	Principal occ Options Trad	upation / Job title (See Instructions)		9 Employer (See Instruction Self	I utions)
4	Date	5 Full name of contributor Schellist, Lazarz, Slobin LLP	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77046-1108	\$500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Kennon Pavona	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/16/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-4561	\$50.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor Travis Booher	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/16/2015	6 Contributor address;	City; Tyler	State; Zip Code TX 75711-7025	\$5,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Coghlan Crowson	otions)

M	ONETAR'	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction C	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME I	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Andy and Carol Vickery	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2319	\$500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct Justice Seekers	tions)
4	Date	5 Full name of contributor Linnet Deily	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-3246	\$200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor David Wayne Clawater	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3956	\$100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruction shepherd, scott, clawate	
4	Date	5 Full name of contributor Charles Puccio	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007-4954	\$200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction The Beacon	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S		SCHEDULE A	\1
Th	e Instruction (Guide explains how to comple	te this form.		1 Total Pages Schedule A1:		
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Et	hics Commission filers)	
		Melissa Bondy			7	Amount of contributions (\$)	
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098-2801		\$100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Chris Akbari			7	Amount of contributions (\$)	
	9/18/2015	6 Contributor address;	City; Nederland	State; Zip Code TX 77627-1363		\$500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
Ü	President	,		ITEX Group	,		
4	Date	5 Full name of contributor Jonny Heins	out of state	PAC(ID#)	7	Amount of contributions (\$)	
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3005		\$1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Andrew's Kurth	tions)		
4	Date	5 Full name of contributor Linda Bischoff	out of state	PAC(ID#)	7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/18/2015		Houston	TX 77007-2520		\$2,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
4	Date	5 Full name of contributor Anthony Heins	out of state	PAC(ID#)	7	Amount of contributions (\$)	
		Í			1		

М	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction (Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	Robert C. Bell	, , ,		3 Filer ID (Ethics Commission filers)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-3107	\$1,000.00
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Real Estate I	Broker		Heins Properties	
4	Date	5 Full name of contributor Richard Bischoff	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-1001	\$1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction BSL Golf	I otions)
4	Date	5 Full name of contributor Andre Jackson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-3608	\$200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)
4	Date	5 Full name of contributor Kelly Amen	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-1176	\$500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
	Interior Desig	gner		KGA	

M	ONETARY	POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
The	Instruction G	uide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME R	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Barkley Thompson	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-1504	\$150.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Christ Church	tions)
4	Date	5 Full name of contributor Gretchen Hilyard	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-5500	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Not employed	L tions)
4	Date	5 Full name of contributor Andy and Carol Vickery	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-2319	\$10.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Justice Seekers	Litions)
4	Date	5 Full name of contributor Rob Todd	out of state I	PAC(ID#)	7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-1712	\$3,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Amplified Solutions	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID#)	

M	ONETAR	Y POLITICAL CONTR	RIBUTIONS	3	SCHEDULE A1
Th	e Instruction G	Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
		Mary Pfeiffer			7 Amount of contributions (\$)
	9/18/2015	6 Contributor address;	City; Washington	State; Zip Code DC 20002-7331	\$15.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Finance Direc			Kuster for Congress	·
4	Date	5 Full name of contributor Jason Powers	out of state F	I PAC(ID#)	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-4604	\$100.00
8		upation / Job title (See Instructions) designer, doctor, executive coach		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Amorette Bryant	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City;	State; Zip Code	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Phyllis Renfro	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-6200	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Faith and Reason	tions)
4	Date	5 Full name of contributor Patricia Bell	out of state F	PAC(ID#)	7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction (Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	9/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2124	\$250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Not employed	Letions)
4	Date	5 Full name of contributor Randy Henderson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/20/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433-3133	\$50.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruction Self	etions)
4	Date	5 Full name of contributor Eddie Sargent	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-4829	\$500.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc Arc-Com	I tions)
4	Date	5 Full name of contributor Robert MacNaughton	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77007-8008	\$250.00
8	Principal occ Attorney	cupation / Job title (See Instructions)		9 Employer (See Instruction Porter & Powers, PLLC	tions)

M	ONETARY	Y POLITICAL CONTI	RIBUTIONS	S	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Curt Hesse	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-1646	\$300.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Moore and Associates	tions)
4	Date	5 Full name of contributor Jay and Julia Hellums	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX	\$100.00
8	Principal occu	upation / Job title (See Instructions) anker		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor Gregory Browne	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-4931	\$250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Ricardo Weitz	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024-7000	\$5,000.00
8		Lupation / Job title (See Instructions) A Auto Dealerships		9 Employer (See Instruct Self	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	

M	ONETARY	Y POLITICAL CONT	RIBUTION	S	SCHEDULE /	\1
Th	e Instruction G	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME F	Robert C. Bell			3 Filer ID (Ethics Commission filers)	
		Bobby Lowe	-		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	9/21/2015		Houston	TX 77007-5420	\$250.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Strategic Careers	I otions)	
4	Date	5 Full name of contributor Laura Roach	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/21/2015	6 Contributor address;	City;	State; Zip Code	\$250.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I otions)	
4	Date	5 Full name of contributor Odell Winn	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/21/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401-3931	\$3,000.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Winn Consulting Group	Letions)	
4	Date	5 Full name of contributor Katina Pontikes	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1801	\$25.00	
8	Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor Randy Henderson	out of state	PAC(ID#)	7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction (Guide explains how to complete		1 Total Pages Schedule A1:	
2 F	FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	9/22/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433-3133	\$15.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Self	Letions)
4	Date	5 Full name of contributor Katherine Caldwell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-4309	\$250.00
8	Principal occ	cupation / Job title (See Instructions) rector		9 Employer (See Instruction Montrose Clinic	I ctions)
4	Date	5 Full name of contributor Leslie Karpas	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002-6222	\$50.00
8	Principal occ	Supation / Job title (See Instructions)		9 Employer (See Instruction Self	I ctions)
4	Date	5 Full name of contributor Elysia Ragusa	out of state	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Dallas	State; Zip Code TX 75209	\$500.00
8	Principal occ Real Estate I	cupation / Job title (See Instructions) Executive		9 Employer (See Instruction Staubach's Southwest	otions)

M	ONETARY	POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	duide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME R	Robert C. Bell	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Adam Briscoe	out of state PAC(ID#)		7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77006-3747	\$100.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Producer Sam-I-Am Films				Litions)
4	Date	5 Full name of contributor George Hawkins	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056-3221	\$25.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instru Financial Planner AXA Advisors			9 Employer (See Instruct AXA Advisors	Litions)
4	Date	5 Full name of contributor Wyn Bomar	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098-3303	\$25.00
8	•	Principal occupation / Job title (See Instructions) graphic design 9 Employer (See Instructions) self			Litions)
4	Date	5 Full name of contributor Judy Mcenany	out of state F	PAC(ID#)	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houst	State; Zip Code	\$150.00
			9 Employer (See Instruct Stavanger Sister City So		
4	Date 5 Full name of contributor out of state PAC(ID#)				

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A	ւ1
Th	e Instruction G	Guide explains how to comple	Total Pages Schedule A1: S Filer ID (Ethics Commission filers)			
2 F	FILER NAME I	Robert C. Bell				
		Kevin Gaudet			7 Amount of contributions (\$)	
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019-5210	\$100.00	
			9 Employer (See Instruction Not employed	ctions)	_	
4	Date	5 Full name of contributor Tom Combs	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77008-6359	\$1,500.00	
				9 Employer (See Instructions) Tom Combs & Associates		
4	Date	5 Full name of contributor Arthur Fant	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057-1926	\$500.00	
8	Principal occi	Lupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
4	Date	5 Full name of contributor Mark Yzaguirre	out of state	PAC(ID#)	7 Amount of contributions (\$)	
	9/23/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005-1013	\$250.00	
8 Principal occupation / Job title (See Instructions) Attorney				9 Employer (See Instruction University of Houston	Ctions)	
4	Date	5 Full name of contributor Steven Reilley	out of state	PAC(ID#)	7 Amount of contributions (\$)	

Electronic Con-	O illa addicata de constat	. this face		L. Tarak Baran Orban Lis Ad
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Robert C. Bell			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/23/2015		Houston	TX 77007-2603	\$250.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Attorney			Thompson & Reilley, P.0	2.
1 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Amy Combs			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/23/2015		Washington	DC 20016-3866	\$3,000.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
. Date	5 Full name of contributor	out of state	PAC(ID#)	
	Stephen Dunlap	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/23/2015		Houston	TX 77004-7329	\$100.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Applications	s Systems Analyst		M.D. Anderson	
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Matthew Wareing	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77027-4117	\$350.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULI	E AS NEEDED

	ON-MONE	TARY (IN-KIND) PO	SCHEDULE A2				
		uide explains how to complet	e this form.		1	Total Pages Sci	hedule A2:
2 F	ILER NAME R	Robert C. Bell			3 Fi	ler ID (Ethics Commi	ssion filers)
4 1	OTAL OF UNI	TEMIZED IN-KIND POLITICA	AL CONTRIBU	ΓIONS	\$		
5	Date 6 Full name of contributor out of state PAC(ID#)						
		David Kingcaid		` ,	8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	9/24/2015		Houston	TX 77058		\$500.00	Food for meet and greet
						Check if travel outsi Schedule T	de of Texas, complete
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru			ıction	s)			
5	Date	6 Full name of contributor	out of state	PAC(ID#)			
		Rodney McElroy	П		8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code	•		
	9/24/2015		Houston	TX 77040-4001		\$500.00	Fajita Friday food
						Check if travel outsi Schedule T	ide of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	iction	s)	
5	Date	6 Full name of contributor	out of state	PAC(ID#)			
		Trent Bailey			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code	•		
	9/24/2015		Houston	TX 77095		\$300.00	Food for meet and greet
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ıction	s)	

	ON-MON ONTRIBU	ETARY (IN-KIND) P UTIONS	SCHEDULE				
<u> </u>		Guide explains how to compl	1 Total F	Pages Sch	nedule A2:		
2 F	ILER NAME	Robert C. Bell			3 Filer ID (Eth	nics Commis	ssion filers)
4 T	OTAL OF U	NITEMIZED IN-KIND POLITI	CAL CONTRIBL	JTIONS	\$		
5	Date	6 Full name of contributor Clinton Wells	out of state	e PAC(ID#)		ount of utions (\$)	9 In-Kind contribution description
	8/11/2015	7 Contributor address;	City; Houston	State; Zip Code TX 77006-6035			Food and drinks for fundraiser de of Texas, complete
10	Principal oc	Coupation / Job title (See Instructions))	11 Employer (See Instru	tions)		
5	Date	6 Full name of contributor Carol Vickery	out of state	e PAC(ID#)		ount of utions (\$)	9 In-Kind contribution description
	09/17/15	7 Contributor address;	City; Houston	State; Zip Code TX 77056-2319			Food and drinks for fundraiser de of Texas, complete
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru							
				OF THIS SCHEDUL			
		If contributor is out-of-state I	PAC, please see in	struction guide for addition	nal reporting i	requiremen	ts

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:						
4 Date	5 Payee name					
9/22/2015	Three Point Media					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
10944.58	3000 K St. NW					
	Ste. 320					
	Washington DC 20007					
8 PURPOSE OF EXPENDITURE	_	(b) Description				
		Check if travel outside of Texas				
		Check if Austin, TX, officeholde	er living expense			
	Advertising Expense	Production Costs				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office	e held			
4 Date	5 Payee name					
9/21/2015	NRG					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
413.98	1201 Fannin St.					
	Houston TX 77002					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texas	s, complete Schedule T			
		Check if Austin, TX, officeholde	er living expense			
	Office Overhead/Rental	Energy Costs				
	Expense					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office	e held			
4 Date	5 Payee name					
9/21/2015	Oldmixon Hill					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
4168.75	1201 1st Ave. South.	, , , , , , , , , , , , , , , , , , , ,				
1.33.73	#32					
	Seattle WA 98134					
8 PURPOSE OF EXPENDITURE		(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/21/2015 Lone Star Strategies 7 Payee address; 6 Amount (\$) Zip Code City; State; 10709 Marsha Ln. 1000 Houston TX 77024 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Compliance Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
9/21/2015	Amegy Bank					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
25	2303 W Holcombe Blvd.					
	Houston TX 77030					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Accounting/Banking	Bank Fee				
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held			
experientative to benefit 0/011						
4 Date	5 Payee name					
9/21/2015	Three Point Media					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
25000	3000 K St. NW					
	Ste. 320					
	Washington DC 20007					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Te.	xas, complete Schedule T			
		Check if Austin, TX, officeho	older living expense			
	Advertising Expense	TV Purchase Costs	3			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	ffice held			
4 Date	E Doyloo nome					
	5 Payee name					
9/18/2015	Elegant Valet 7 Payee address; City;	State: Zin Code				
6 Amount (\$)		State; Zip Code				
420	2323 S Voss Rd.					
	#203					
O DUDDOSE OF EVERNOTUSE	Houston TX 77057	(h) Description				
8 PURPOSE OF EXPENDITURE	(a) Calegory	(b) Description				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Valet Services **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/16/2015 Three Point Media 7 Payee address; 6 Amount (\$) Zip Code City; State; 3000 K St. NW 11327.43 Ste. 320 Washington DC 20007 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Shoot Costs** Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME Robert C. Bell 3 Filer ID (Ethics Commission filers)						
4 Date	5 Payee name						
9/11/2015	ADP						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
83.41	4822 Martin Luther King Jr Blv	/d					
	Houston TX 77021						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Te	xas, complete Schedule T				
		Check if Austin, TX, officeho	older living expense				
	Fees	Payroll Fees					
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held				
expendituree to benefit C/OH							
4 Date	5 Payee name						
9/8/2015	NRG						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
408.95	1201 Fannin St.						
	Houston TX 77002						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Te	xas, complete Schedule T				
		Check if Austin, TX, officeho	older living expense				
	Office Overhead/Rental	Reliant Energy					
	Expense						
9 Complete ONLY if direct	Candidate / Officehoder name o	l office sought of	fice held				
expendituree to benefit C/OH							
4 Date	5 Payee name						
9/4/2015	Oldmixon Hill						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
4162.5	1201 1st Ave. South.						
	#32						
	Seattle WA 98134						
8 PURPOSE OF EXPENDITURE		(b) Description					
1	1	1					

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/3/2015 ActBlue 7 Payee address; **6** Amount (\$) City; Zip Code State; 366 Summer Street 323.46 Somerville MA 02144 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Fees Fees 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)			
4 Date	5 Payee name					
9/2/2015	Hilltop					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
10406.04	3000 K St. NW					
	Washington DC 20007					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	as, complete Schedule T			
		Check if Austin, TX, officehol	der living expense			
	Consulting Expense	Hilltop – Consulting	fees			
	January 3 Programme					
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought off	ice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
9/2/2015	Federal Health Insurance Marketplace					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
833.11	7500 Security Blvd.					
	Baltimore MD 21244					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Tex	as, complete Schedule T			
		Check if Austin, TX, officehol	der living expense			
	Salaries/Wages/Contract	health insurance				
	Labor					
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought off	ice held			
expendituree to benefit C/OH						
4 Date	5 Payee name					
8/31/2015	Greater Houston Partnership	1				
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
825	1200 Smith St.					
	Suite 700					
	Houston TX 77002					
8 PURPOSE OF EXPENDITURE		(b) Description				
	İ	İ				

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Event sponsorship/tickets Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/31/2015 Premier Political 7 Payee address; 6 Amount (\$) City; Zip Code State; 163.78 4805 Woodview Ave. Austin TX 78756 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Phone calls Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form.	
Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Catherine Flowers		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
100	12015 Merewood Ln.		
	Houston TX 77071		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Travel in District	Staff Travel Costs	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought of	fice held
experience to benefit e/e/1			
4 Date	5 Payee name		
8/21/2015	ADP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
83.41	4822 Martin Luther King Jr Blv	'd	
	Houston TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Fees	ADP Fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	ffice sought of	fice held
A Data	F. D		
4 Date	5 Payee name		
8/11/2015	Bison Signs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1446.63	10100 Clay Rd.		
	Ste. G		
	Houston TX 77080	[4.5]	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Advertising Expense Signs 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/7/2015 Monarch Printing **6** Amount (\$) 7 Payee address; City; Zip Code State; 6605 McGrew St. 137.47 #B Houston TX 77087 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Printing Costs Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/7/2015	Comcast		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
190.69	2616 S Voss Rd		
	Houston TX 77057		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description Check if travel outside of Technology Check if Austin, TX, officehology Office Utilities	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought o	ffice held
4 Date	5 Payee name		
8/7/2015	ADP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75.26	4822 Martin Luther King Jr Bl Houston TX 77021	vd	
8 PURPOSE OF EXPENDITURE		(b) Description	
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Payroll Fees	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/6/2015	La' Colombe Dior		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1000	3410 Montrose Blvd.		
	Houston TX 77006	1	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Event Costs Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/6/2015 NGP **6** Amount (\$) 7 Payee address; Zip Code City; State; 1101 15th St. NW 1500 #500 Washington DC 20005 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online Database Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	·	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
8/5/2015	ActBlue		
		Ctata: Zin Cada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
278.87	366 Summer Street		
	Somerville MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Fees	online fundraising fe	ees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	fice held
4 Date	5 Payee name		
8/5/2015	Academy Awards Advertising		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1428.95	4106 Fannin St.		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Advertising Expense	printed materials	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	fice held
,			
4 Date	5 Payee name		
8/3/2015	Marketplace		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
833.11	7500 Security Blvd.		
	Baltimore MD 21244		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense health insurance Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/31/2015 **ADP** 7 Payee address; City; 6 Amount (\$) State; Zip Code 63.43 4822 Martin Luther King Jr Blvd Houston TX 77021 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense adp fees Fees 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ev	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	<u>_</u>
7/28/2015	Federal Grill	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
2175.12	510 Shepherd Dr.	
2175.12	o to onephera br.	
	Houston TX 77007	
8 PURPOSE OF EXPENDITURE		(b) Description
	(u) Suisgory	Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Event Expense	Event Costs
	Event Expense	Evenit Good
9 Complete ONLY if direct	Candidate / Officehoder name	 office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
7/28/2015	Oldmixon Hill	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
4037.5	1201 1st Ave. South.	
	#32	
	Seattle WA 98134	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	online consulting costs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
A Data	E Davisa nama	
4 Date	5 Payee name	
7/27/2015	Lone Star Strategies	State: 7in Code
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1000	10709 Marsha Ln.	
	Hauston TV 77004	
O DUDDOCE OF EVERYDITUES	Houston TX 77024	(h) Description
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense compliance consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/27/2015 City of Houston 6 Amount (\$) 7 Payee address; City; Zip Code State; 900 Bagby St. 1258 Houston TX 77002 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense filing costs Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
7/24/2015	ADP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
96.47	4822 Martin Luther King Jr Bl	vd	
	Houston TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Telephone Check if Austin, TX, officehone adp fees	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		ffice held
4 Date	5 Payee name		
7/23/2015	Global Strategy Group		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13199.58	215 Park Ave. S.		
	New York NY 10003	Inva	
8 PURPOSE OF EXPENDITURE	(a) Category Polling Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/14/2015	Oldmixon Hill		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4656.25	1201 1st Ave. South.		
	#32		
	Seattle WA 98134		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense online consulting costs Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/13/2015 Monarch Printing 7 Payee address; 6 Amount (\$) City; Zip Code State; 6605 McGrew St. 2100.05 #B Houston TX 77087 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense printing costs **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
7/10/2015	ADP		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
133.25	4822 Martin Luther King Jr B	lvd	
	Houston TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description Check if travel outside of Technology Check if Austin, TX, officehold adp fees	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/8/2015	Stanford Campaigns		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6100	2520 Longview St.		
	Austin TX 78705		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting	(b) Description Check if travel outside of Te Check if Austin, TX, officehoresearch costs	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/8/2015	Texas Democratic Party		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4000	4818 E. Ben White Blvd.		
	#104		
	Austin TX 78741		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Voterfile costs Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/6/2015 ActBlue 7 Payee address; **6** Amount (\$) City; Zip Code State; 366 Summer Street 722.72 Somerville MA 02144 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense online costs Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/2/2015	Federal Health Insurance Ma	rketplace	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
833.11	7500 Security Blvd.		
	Baltimore MD 21244		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	health insurance	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/15/15	Eyo Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor	•	
9 Complete ONLY if direct	Candidate / Officehoder name o	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/15/15	Nsa Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/15/15 J'Khory Clark 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 7907 Hirsch Houston TX 77016 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/15/15	Avery Austin		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	471 Sunnyside		
	Lancaster TX 75146		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experialitation to periodic 6/ 6/1			
4 Date	5 Payee name		
08/16/15	Eyo Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
08/16/15	Nsa Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/16/15 Avery Austin 7 Payee address; 6 Amount (\$) City; Zip Code State; 471 Sunnyside 40 Lancaster TX 75146 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name		
08/16/15	Tyler Doggett		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		State, Zip Code	
40	308 Duncan		
	Hillsboro TX 76645		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Salaries/Wages/Contract Labor	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
A Data	.		
4 Date	5 Payee name		
08/22/15	Andrea Johnson	7:01	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75	7811 Chasefield		
	Missouri City TX 77489	Tayo	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
	Salaries/Wages/Contract Labor	Canvasser Pay	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held	
expendituree to benefit C/OH	Candidate / Officerioder flame	office sought office field	
4 Date	5 Payee name		
08/22/15	Monica Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
70	15115 Chasefield	Cato, 2p 0000	
/0	13113 Chasellelu		
	Miccouri City TV 77400		
DIIDDOSE OF EVDENDITUDE	Missouri City TX 77489	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/22/15 Rufus Porter 7 Payee address; 6 Amount (\$) Zip Code City; State; 7814 Chasefield 70 Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/22/15	Chris Johnson-Fuller		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experiance to serious e, err			
4 Date	5 Payee name		
08/22/15	Robert Griggs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7810 Corinth		
	Houston TX 77051		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
A Data	F Davis		
4 Date	5 Payee name		
08/22/15	Bertha Allen	01-1- 7'- 0-1-	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	2901 Fulton		
	#454		
a pupped of Types	Houston TX 77009	[a.s	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/22/15 Sy'von Breaux 7 Payee address; 6 Amount (\$) City; Zip Code State; 1765 Nichole Woods 40 Houston TX 77057 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/22/15	Robert Wooten		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	450 Oak Dale		
	Stafford TX 77477		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	
	Salaries/Wages/Contract	Canvasser Pay	3.1.
	Labor	Sumassi r uj	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/22/15	Mahayla Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	,	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	
	Salaries/Wages/Contract	Canvasser Pay	3.1.
	Labor	Canvaccor r ay	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH		Ü	
4 Date	5 Payee name		
08/22/15	Brianna Arceneaux		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	9210 Benning	·	
10	o z ro bommig		
	Houston TX 77031		
8 PURPOSE OF EXPENDITURE		(b) Description	
O . OK! OOL O! LAFEINDITURE	I (a) Jaiogory	(a) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/22/15 Darius White 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 15115 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/22/15	Eyo Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officel	
	Salaries/Wages/Contract	Canvasser Pay	3.1
	Labor	January Lay	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/22/15	Nsa Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE		(b) Description	
			exas, complete Schedule T
		Check if Austin, TX, officel	•
	Colorino ///oggo/Contract	Canvasser Pay	lorder in this experies
	Salaries/Wages/Contract Labor	Canvasserray	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH	ounding of the state of the sta	ooo oodg.n	5.1166 1.1619
4 Date	5 Payee name		
08/22/15	Zahra Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40		2.a.c, 2.p 0000	
40	15115 Chaseridge		
	Microsoft City 77400		
a puppose of every	Missouri City TX 77489	(h) D	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/22/15 Chad Johnson 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 7811 Chasefield Missouri City TX 77489 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 F	iler ID (Ethics Commission filers)
4 Date	5 Payee name		
08/23/15	Andrea Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
70	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas,	complete Schedule T
		Check if Austin, TX, officeholder	living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	held
experidituree to benefit 6/011			
4 Date	5 Payee name		
08/23/15	Monica Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
70	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas,	complete Schedule T
		Check if Austin, TX, officeholder	living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	held
experioraree to benefit 6/011			
4 Date	5 Payee name		
08/23/15	Rufus Porter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7814 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/23/15 Mahayla Pepper 7 Payee address; 6 Amount (\$) City; Zip Code State; 40 15115 Chaseridge Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/23/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/23/15	Chris Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor	,	
9 Complete ONLY if direct	Candidate / Officehoder name o	I office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/23/15	Bertha Allen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	2901 Fulton		
	#454		
	Houston TX 77009		
8 PURPOSE OF EXPENDITURE		(b) Description	
1	1	(

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/23/15 J'Khory Clark 7 Payee address; 6 Amount (\$) City; Zip Code State; 3100 Cleburne 40 Houston TX 77004 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 File	er ID (Ethics Commission filers)
4 Date	5 Payee name		
08/23/15	Eyo Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, co	omplete Schedule T
		Check if Austin, TX, officeholder liv	ving expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought office he	eld
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/23/15	Nsa Ita		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	4002 Varner Ct.		
	Austin TX 78762		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, co	omplete Schedule T
		Check if Austin, TX, officeholder liv	ving expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought office he	eld
expendituree to benefit C/OH			
4 Date	5 Payee name		
08/29/15	Andrea Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	·	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/29/15 Monica Pepper 7 Payee address; 6 Amount (\$) City; Zip Code State; 75 15115 Chaseridge Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide 6	explains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/29/15	Rufus Porter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7814 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of T Check if Austin, TX, officeh Canvasser Pay	exas, complete Schedule T nolder living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
08/29/15	Mahayla Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Touristic Check if Austin, TX, officeht Canvasser Pay	exas, complete Schedule T nolder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	office held
4 Date	5 Payee name		
08/29/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/29/15 Chris Johnson 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 7811 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I KOM I OLITIOAL	<u> </u>		
	The Instruction Guide exp	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
08/29/15	Chad Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experioraree to benefit 6/011			
4 Date	5 Payee name		
08/29/15	Jacqueline Brewer		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	10214 Royal Oaks		
	Houston TX 77016		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experidituree to benefit 6/011			
4 Date	5 Payee name		
08/29/15	Charlotte Camacho		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	2901 Fulton		
	#117		
	Houston TX 77009		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/30/15 Andrea Johnson 7 Payee address; 6 Amount (\$) City; Zip Code State; 70 7811 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name	, , , , , , , , , , , , , , , , , , , ,		
08/30/15	Monica Pepper			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
		State, Zip Code		
70	15115 Chaseridge			
	Missouri City TX 77489			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract Labor	Canvasser Pay		
	Labor			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
4 Date	5 Payee name			
08/30/15	Rufus Porter			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
40	7814 Chasefield			
	Missouri City TX 77489			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract Labor	Canvasser Pay		
	Labor			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
A Dete	E Davis and			
4 Date	5 Payee name			
08/30/15	Mahayla Pepper			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
40	15115 Chaseridge			
	Missouri City TX 77489			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 08/30/15 Darius White 7 Payee address; 6 Amount (\$) City; Zip Code State; 40 15115 Chaseridge Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide or	xplains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
08/30/15	Chris Johnson	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
		State, Zip Code
40	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract Labor	Canvasser Pay
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
08/30/15	Chad Johnson	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract Labor	Canvasser Pay
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
A Dete	E Davis asset	
4 Date	5 Payee name	
09/12/15	Andrea Johnson	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
70	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/12/15 Monica Pepper 7 Payee address; 6 Amount (\$) City; Zip Code State; 40 15115 Chaseridge Missouri City TX 77489 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

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	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (E	Ethics Commission filers)
4 Date	5 Payee name		
09/12/15	Rufus Porter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7814 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complet	e Schedule T
		Check if Austin, TX, officeholder living ex	rpense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office held	
experialitatee to benefit 6/011			
4 Date	5 Payee name		
09/12/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, complet	e Schedule T
		Check if Austin, TX, officeholder living ex	rpense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office held	
,			
[A Date	[B		
4 Date	5 Payee name		
09/12/15	Chris Johnson	0.1	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/13/15 Andrea Johnson 7 Payee address; 6 Amount (\$) City; Zip Code State; 70 7811 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/13/15	Monica Pepper		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
09/13/15	Rufus Porter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7814 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract Labor	Canvasser Pay	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office cought	fice held
expendituree to benefit C/OH	Candidate / Officerioder frame	office sought of	nce neid
4 Date	5 Payee name		
09/13/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge	Ciato, Zip Codo	
40	13113 Oliaselluge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	·	(b) Description	
JOE OF EAR ENDITORE	1,5,50,000,	(2) 2000pt.o	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/13/15 Chris Johnson 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 7811 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide or	xplains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	, , , , , , , , , , , , , , , , , , , ,
09/19/15	Andrea Johnson	
		Chate: 7'- Cada
6 Amount (\$)	7 Payee address; City;	State; Zip Code
70	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Canvasser Pay
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
oxponuntares to serious experi		
4 Date	5 Payee name	
09/19/15	Chris Johnson	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Canvasser Pay
	Labor	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
09/19/15	Chad Johnson	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40	7811 Chasefield	
	Missouri City TX 77489	
8 PURPOSE OF EXPENDITURE	·	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/19/15 Rufus Porter 7 Payee address; 6 Amount (\$) Zip Code City; State; 7814 Chasefield 40 Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/19/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experientative to benefit 0/011			
4 Date	5 Payee name		
09/20/15	Andrea Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
70	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
09/20/15	Chris Johnson		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7811 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Canvasser Pay Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/20/15 Chad Johnson 7 Payee address; 6 Amount (\$) Zip Code City; State; 40 7811 Chasefield Missouri City TX 77489 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Canvasser Pay Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form.	•
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/20/15	Rufus Porter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	7814 Chasefield		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experioraree to benefit C/On			
4 Date	5 Payee name		
09/20/15	Darius White		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
40	15115 Chaseridge		
	Missouri City TX 77489		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	Canvasser Pay	
	Labor		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experioraree to benefit C/On			
4 Date	5 Payee name		
9/20/2015	Staples		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
83.31	1919 Taylor St.		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/20/2021 Underbelly 7 Payee address; 6 Amount (\$) City; Zip Code State; 1100 Westheimer Rd. 67.12 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch Meeting reimbursed to Pat Devney Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	T	3 Filer ID (Ethics Commission filers)		
	² FILER NAME Robert C. Bell	3 Ther ID (Ethics Commission mers)		
4 Date	5 Payee name			
9/18/2015	USPS			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
44.98	8205 Braesmain Dr			
	Houston TX 77025			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Office Overhead/Rental	Postage reimbursed to Pat Devney		
	Expense			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held		
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/16/2015	USPS			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
22	8205 Braesmain Dr	· '		
22	0203 Draesmain Dr			
	Haveton TV 77005			
DUDDOSE OF EVDENDITUDE	Houston TX 77025	(h) Description		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Office Overhead/Rental Expense	Postage reimbursed to Pat Devney		
	Lxperise			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held		
4 Date	5 Payee name			
9/15/2015	Verizon			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
95.36	3817 Southwest Fwy.			
	Houston TX 77027			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Pre-Paid Phone reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/14/2015 Comcast 7 Payee address; 6 Amount (\$) Zip Code City; State; 1701 JFK Blvd. 400.66 Philadelphia PA 19103 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Utilities reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/11/2015	Costco		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
85.46	3836 Richmond Ave.		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Event Expense	Campaign Event re	eimbursed to Pat Devney
	·		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
experioraree to benefit 6/011			
4 Date	5 Payee name		
9/10/2015	Walmart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
85.73	9555 S Post Oak Rd.		
	Houston TX 77096		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Office Supplies rei	mbursed to Pat Devney
	Expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
·			
4 Date	5 Payee name		
9/5/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
62.72	8202 Kirby Dr		
	1240		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/4/2015 Office Depot 7 Payee address; 6 Amount (\$) Zip Code City; State; 200.24 8202 Kirby Dr 1240 Houston TX 77054 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	T T		3 Filer ID (Ethics Commission filers)
	² FILER NAME Robert C. Bell		o Ther ib (Ethics Commission hers)
4 Date	5 Payee name		
9/4/2015	Amazon.com		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
124.74	440 Terry Ave N		
	Seattle WA 98109		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Office Overhead/Rental	🔲	Supplies reimbursed to Pat Devney
	Expense		,
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	ice held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
9/2/2015	Kroger		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
26.62	1990 Old Spanish Tr		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(a) calogoly	Check if travel outside of Tex	ras, complete Schedule T
		Check if Austin, TX, officehol	
	Facel/Develope Function		paign Event reimbursed to Pat Devney
	Food/Beverage Expense	Pood/Dilink for Caril	paign Event reimbursed to Pat Devney
9 Complete ONLY if direct	Candidate / Officehoder name	 office sought off	ice held
expendituree to benefit C/OH	Sandidato / Sinconodo Hame	Jilloo dougili	100 11010
4 Date	5 Payee name		
9/2/2015	Google.com		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
89.49			
09.49	1600 Amphitheatre Pkwy.		
	Mauratain Vierre CA 04040		
a BURDOOF OF EVERY	Mountain View CA 94043	(I) Descripti	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Website Hosting reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/31/2015 Verizon 7 Payee address; 6 Amount (\$) Zip Code City; State; 38.59 3817 Southwest Fwy Houston TX 77027 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Home Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
33.06	999 N Loop W		
	Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Office Overhead/Rental	Office Supplies reim	nbursed to Pat Devney
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/27/2015	Walmart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
59.91	9555 S Post Oak Rd.		
	Houston TX 77096		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Office Overhead/Rental	Office Supplies reim	nbursed to Pat Devney
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/27/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
171.01	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/22/2015 Lucy Ethiopian Restaurant 7 Payee address; 6 Amount (\$) Zip Code City; State; 1025.27 6800 Southwest Freeway Houston TX 77074 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Event Costs reimbursed to Pat Devney **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/21/2015	Jimmy Johns		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
108.14	2401 W Holcombe		
	Houston TX 77030		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Food/Beverage Expense	Lunch for Campaig	n Meeting reimbursed to Pat Devney
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
experiordiffee to benefit 6/011			
4 Date	5 Payee name		
8/20/2015	Einsten Bagels		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
70.42	5300 Kirby Dr.		
	Houston TX 77005		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Food/Beverage Expense	Bagels for Campai	gn Meeting reimbursed to Pat Devney
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
orponantares to serious eres.			
4 Date	5 Payee name		
8/20/2015	Kroger		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5.38	1990 Old Spanish Trl.		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food for Campaign Meeting reimbursed to Pat Devney Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/20/2015 Walmart 7 Payee address; 6 Amount (\$) Zip Code City; State; 9555 S Post Oak Rd. 69.42 Houston TX 77096 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	•	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/19/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
88.2	8202 Kirby Dr		
	#1240		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description Check if travel outside of Tex Check if Austin, TX, officehol Office Supplies reim	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought off	ice held
4 Date	5 Payee name		
8/20/2015	Kroger		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.27	1990 Old Spanish Trl.		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description Check if travel outside of Tex Check if Austin, TX, officehol Office Supplies reim	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought off	ice held
4 Date	5 Payee name		
8/18/2015	E-Bay		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
82	2065 Hamilton Ave		
	San Jose CA 95125		
8 PURPOSE OF EXPENDITURE		(b) Description	
	1		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Computer Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/14/2015 Verizon 7 Payee address; 6 Amount (\$) Zip Code City; State; 62.89 1 Verizon Way Basking Ridge NJ 07920 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Phone reimbursed to Pat Devney Office Overhead/Rental Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/17/2015	El Tiempo Cantina		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
230.32	3130 Richmond Ave.		
	Houston TX 77098		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Event Expense	Event Costs reimbu	irsed to Pat Devney
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/13/2015	Best Buy		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
383.18	5133 Richmond Ave.		
	Houston TX 77056		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Office Supplies rein	nbursed to Pat Devney
	Expense		·
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/13/2015	Office Max		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
25.95	5540 Weslayan St.		
	Houston TX 77005		
8 PURPOSE OF EXPENDITURE		(b) Description	
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POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/11/2015 Katz Deli 7 Payee address; 6 Amount (\$) Zip Code City; State; 616 Westheimer Rd. 31.96 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Lunch Meeting reimbursed to Pat Devney Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/6/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
98	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	
	Office Overhead/Rental	Postage reimbursed	
	Expense	T odlago reimbardo	a to Fat Bevilley
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/3/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
98	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Postage reimbursed	
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/3/2015	Google		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
57.25	1600 Amphitheatre Pkwy.		
	Mountain View CA 94043		
8 PURPOSE OF EXPENDITURE		(b) Description	
1	1	1	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Website Costs reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/3/2015 Office Max **6** Amount (\$) 7 Payee address; City; Zip Code State; 31.38 5540 Weslayan St. Houston TX 77005 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I Itolii i OLIIIOAL	CONTINIDONIONO		
	The Instruction Guide exp	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/3/2015	A-Afordable Office Furniture		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
120	5708 N. Shepherd		
	Houston TX 77091		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	
	Office Overhead/Rental	🔲	nbursed to Pat Devney
	Expense	Since Supplies form	induced to 1 at 20 may
9 Complete ONLY if direct	Candidate / Officehoder name o	 office sought of	fice held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
8/3/2015	Home Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
86.56	999 N Loop W		
00.00	999 N LOOP W		
	TV 77000		
a DUDDOGE OF EVERYDITUDE	Houston TX 77008	4.5	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	
		Check if Austin, TX, officeho	
	Office Overhead/Rental Expense	Office Supplies rein	nbursed to Pat Devney
	Схрепзе		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
4 Date	5 Payee name		
8/3/2014	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
98	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/3/2015 OfficeMax **6** Amount (\$) 7 Payee address; City; Zip Code State; 31.38 5540 Weslayan St. Houston TX 77005 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/2/2015	Google		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
57.25	1600 Amphitheatre Pkwy.		
	Mountain View CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Office Overhead/Rental	🗀	g reimbursed to Pat Devney
	Expense		,
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought off	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/24/2015	Reliant Energy		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
598.95	1201 Fannin St, Houston, TX 77002		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	kas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Office Overhead/Rental	Utilities reimbursed	to Pat Devney
	Expense		•
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought off	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/20/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
98	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE		(b) Description	
1	1	·	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/20/2015 Office Depot 7 Payee address; 6 Amount (\$) City; Zip Code State; 76.27 8202 Kirby Dr #1240 Houston TX 77054 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/17/2015	Facebook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
10.93	1 Hacker Way		
	Menlo Park CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Advertising Expense	Online Ads reimbur	sed to Pat Devney
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/17/2015	Facebook		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.16	1 Hacker Way		
	Menlo Park CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Advertising Expense	Online Ads reimbur	
	Advertising Expense		•
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/16/2015	iStock.com		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
33	1240 20 Ave SE		
	#200		
	Calgary AB T2G 1M8		
8 PURPOSE OF EXPENDITURE		(b) Description	
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POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Images for Social Media reimbursed to Pat Devney Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/15/2015 Fedex Kinkos 6 Amount (\$) 7 Payee address; Zip Code City; State; 8330 S Main St. 67.39 Houston TX 77025 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Printing reimbursed to Pat Devney **Printing Expense** Candidate / Officehoder name 9 Complete ONLY if direct

office sought

expendituree to benefit C/OH

office held

	The Instruction Guide e	explains how to complete this forr	n
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/15/2015	Fedex Kinkos		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
10.4	8330 S Main St.		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	
	Printing Expense	Printing reimburse	
	Filling Expense	1 mining roundarios	0 1 d. 2011.0y
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/14/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
36.76	8202 Kirby Dr		
	#1240		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	nolder living expense
	Office Overhead/Rental		imbursed to Pat Devney
	Expense		,
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/14/2015	Home Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.71	999 N Loop W	•	
0.71	100 11 200p 11		
	Houston TX 77008		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TOKE OF EXPENDITURE	(a) Jaicyory	(n) pescubuon	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/13/2015 **USPS** 7 Payee address; 6 Amount (\$) Zip Code City; State; 98 8205 Braesmain Dr Houston TX 77025 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage reimbursed to Pat Devney Office Overhead/Rental Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

	The Instruction Guide e	xplains how to complete this forn	n.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/13/2015	USPS		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
49	8205 Braesmain Dr		
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Office Overhead/Rental	Postage reimburse	
	Expense	1 ootage reimbaret	od to Full Borney
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH		·	
4 Date	5 Payee name		
7/13/2015	Verizon Wireless		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
62.89	3817 Southwest Fwy.		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Office Overhead/Pontal		mbursed to Pat Devney
	Office Overhead/Rental Expense	Office Supplies rei	mbursed to Fat Deviley
	·		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH		.	
4 Date	5 Payee name		
7/12/2015	Nikos Nikos		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
37.32	2520 Montrose Blvd.	·	
37.02			
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE		(b) Description	
JOE OF EAR ENDITORLE	1(4) 34109017	\~/ D 00011Ption	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting reimbursed to Pat Devney Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/10/2015 OfficeMax 7 Payee address; 6 Amount (\$) City; Zip Code State; 41.11 5540 Weslayan St. Houston TX 77005 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/9/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
189.41	8202 Kirby Dr		
	#1240		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description Check if travel outside of Tex Check if Austin, TX, officeho Office Supplies rein	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
7/9/2015	Verizon Wireless		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.59	3817 Southwest Fwy.		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Office Supplies rein	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
7/8/2015	Walmart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75.52	9555 S Post Oak Rd.		
	Houston TX 77096		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/7/2015 **Houston Chronicle** 6 Amount (\$) 7 Payee address; Zip Code City; State; PO Box 4260 10 Houston TX 77210 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Subscription reimbursed to Pat Devney Office Overhead/Rental Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/3/2015	Quickbooks		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
19.18	2700 Coast Ave.		
	Mountain View CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Accounting Softwa	re reimbursed to Pat Devney
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/3/2015	Google		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
45.16	1600 Amphitheatre Pkwy.		
	Mountain View CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Email/Online Hosti	ng reimbursed to Pat Devney
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/1/2015	Verizon Wireless		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.59	3817 Southwest Fwy		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies reimbursed to Pat Devney Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/22/2015 Black Eyed Pea 7 Payee address; 6 Amount (\$) City; Zip Code State; 42111 Bellaire Blvd. 23.02 Houston TX 77025 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	•	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/20/2015	Kroger Fuel		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
44.14	1014 Vine St.		
	Cincinnati OH 45202		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	cas, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Travel in District	Travel Costs reimbu	ırsed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/20/2015	Hilton Banquets		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.5	?6780 Southwest Fwy?		
	Houston TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	_
		Check if travel outside of Tex	cas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Travel in District	Parking reimbursed	to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/20/2015	Hitlon Parking		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12	?6780 Southwest Fwy?		
	Houston TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Parking reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/16/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 15.22 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/15/2015	Ibiza Food and Wine		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
147.88	2450 Louisiana St.		
	#300		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeh Campaign Event re	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
9/14/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.85	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeh Taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held
4 Date	5 Payee name		
9/11/2015	Churrascaria Churra		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
141.95	4412 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/9/2015 Aqua Hand Car Wash 7 Payee address; 6 Amount (\$) City; Zip Code State; 1013 Montrose Blvd. 40.25 Houston TX 77019 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel Costs reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.43	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Telescheck if Austin, TX, officehor Taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
9/5/2015	Kroger Fuel		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
50.56	1014 Vine St.		
	Cincinnati OH 45202		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Travel Costs reimbo	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
9/4/2015	Escalantes Mexican		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
93.94	590 Meyerland Plaza Mall		
	Houston TX 77096	Taxa	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/3/2015 Tony Mandola's 7 Payee address; 6 Amount (\$) Zip Code City; State; 29.9 1212 Waugh Dr. Houston TX 77019 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/2/2015	Lola		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13.86	1102 Yale Blvd.		
	Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officehor Campaign Event re	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
8/31/2015	Kam's Fine Chinese		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
25.4	4500 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Campaign Event re	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
8/31/2015	Kam's Fine Chinese		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
30.57	4500 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/31/2015 Kam's Fine Chinese 7 Payee address; 6 Amount (\$) Zip Code City; State; 4500 Montrose Blvd. 36.93 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/31/2015	Kam's Fine Chinese		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
44.23	4500 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	kas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Event Expense	Campaign Event rei	mbursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought off	iice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/31/2015	Kam's Fine Chinese		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
44.24	4500 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	kas, complete Schedule T
		Check if Austin, TX, officehol	lder living expense
	Event Expense		mbursed to Chris Bell
	E VOIR EXPONDO	, ,	
9 Complete ONLY if direct	Candidate / Officehoder name	l ffice sought off	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/31/2015	Kam's Fine Chinese		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
44.72	4500 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE		(b) Description	
·	1, ,	l' '	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/30/2015 Canopy 7 Payee address; 6 Amount (\$) City; Zip Code State; 3939 Montrose Blvd. 59.49 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting Meal reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/30/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.38	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
8/30/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
23.58	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te. Check if Austin, TX, officeho taxi reimbursed to 0	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ifice held
4 Date	5 Payee name		
8/30/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
30.57	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District taxi reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/24/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 5.16 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/23/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
15.2	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho taxi reimbursed to 0	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I ffice sought of	ffice held
4 Date	5 Payee name		
9/21/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
19.62	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te. Check if Austin, TX, officeho taxi reimbursed to 0	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	ffice held
4 Date	5 Payee name		
9/19/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.94	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/19/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 16.01 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

		plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/19/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
16.29	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Technology Check if Austin, TX, officehor taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	L office sought o	ffice held
4 Date	5 Payee name		
9/16/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
8.03	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/16/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.87	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/16/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 15.37 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/15/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
7.81	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officehor taxi reimbursed to 0	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Deffice sought of	ffice held
4 Date	5 Payee name		
9/14/2015	Canopy Restaurant		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
217.86	3939 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Campaign Meeting	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
9/11/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
25.79	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/11/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 31.85 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense taxi reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/10/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
24.11	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
23.35	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho taxi reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought o	ffice held
4 Date	5 Payee name		
9/8/2015	Liberty Kitchen		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
112.9	1050 Studewood		
	Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/29/2015 **Davis Street Restaurant** 7 Payee address; 6 Amount (\$) Zip Code City; State; 61.1 5925 Almeda Rd. Houston TX 77004 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3	Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/29/2015	Los Tios Mexican		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
29.3	4840 Beechnut St.		
	Houston TX 77096		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehold	der living expense
	Food/Beverage Expense	Campaign Event reir	nbursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought offi	ce held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/31/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.63	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texa	as, complete Schedule T
		Check if Austin, TX, officehold	der living expense
	Travel in District	Taxi Cab reimbursed	to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offi	ce held
4 Date	5 Payee name		
7/31/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.49	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Cab reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/1/2015 Barbecue Inn 7 Payee address; 6 Amount (\$) Zip Code City; State; 50.06 116 W Crosstimbers Houston TX 77018 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting Meal reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Fil	er ID (Ethics Commission filers)
4 Date	5 Payee name		
8/1/2015	Piatto Ristorante 54		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75.59	4925 W Alabama		
	Houston TX 77056		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, of	complete Schedule T
		Check if Austin, TX, officeholder I	iving expense
	Food/Beverage Expense	Campaign Event reimbu	rsed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought office h	eld
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/2/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.24	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas, of	complete Schedule T
		Check if Austin, TX, officeholder I	iving expense
	Travel in District	Taxi Cab reimbursed to	Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought office h	ield
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/2/2015	Car Spa		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
78.55	2801 Brazos St.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel Expenses reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/2/2015 Goode Company Seafood 7 Payee address; 6 Amount (\$) Zip Code City; State; 103.61 5109 Kirby Dr. Houston TX 77098 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	The Instruction Guide exp	plains how to complete this form	-
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/4/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
16.96	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	l ffice sought of	ffice held
4 Date	5 Payee name		
8/5/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.37	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	ffice held
4 Date	5 Payee name		
8/5/2015	Canopy		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
91.32	3939 Montrose Blvd.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Meeting Costs reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/5/2015 Parking Meters Houston **6** Amount (\$) 7 Payee address; Zip Code City; State; 2.5 2020 McKinney Houston TX 77003 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Parking reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/7/2015	Luling City Market		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
27.71	4726 Richmond		
	Houston TX 77027		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Food/Beverage Expense	Meeting Costs reim	nbursed to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
experientative to benefit 0/011			
4 Date	5 Payee name		
8/7/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13.5	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Taxi Cab reimburse	ed to Chris Bell
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
A Data	F. D		
4 Date	5 Payee name		
8/8/2015	Uber	Otata 7'n Oada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
18.87	182 Howard St.		
	Suite 8		
a pupped of Types	San Francisco CA 94105	[a, p	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/8/2015 Picos Restaurant **6** Amount (\$) 7 Payee address; Zip Code City; State; 183.91 3601 Kirby Houston TX 77098 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event Meeting reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/10/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
8.75	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Uber reimbursed to	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	I ffice sought of	ffice held
4 Date	5 Payee name		
8/13/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.1	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	5 Payee name		
8/13/2015	Chevron		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
60.49	6001 Bollinger Canyon Rd.		
	San Ramon CA 94583		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Gas reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/14/2015 Uber 7 Payee address; 6 Amount (\$) City; State; Zip Code 182 Howard St. 6.33 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	The Instruction Guide ex	plains how to complete this forn	1.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/15/2015	Shipley Donuts		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
8.45	1001 McKinney St		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Food/Beverage Expense	Food Expenses re	imbursed to Chris Bell
	- 1 000, 2010, ago 2, poiles	·	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/18/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.72	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Travel in District	Taxi Cab reimburs	ed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/23/2015	Gratifi		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
50	302 Fairview St		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign meeting Costs reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/25/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 16.2 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name

office sought

expendituree to benefit C/OH

office held

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/27/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.56	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Technology Check if Austin, TX, officehor Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/27/2015	Davis Street Restaurant		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
209.14	5925 Almeda Rd		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho Campaign Meeting	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/27/2015	3rd Floor		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
25.65	2303 Smith St		
	#300		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Event Costs reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/6/2015 Brooklyn Athletic Club **6** Amount (\$) 7 Payee address; City; Zip Code State; 601 Richmond Ave. 217.12 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Event Costs reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	The Instruction Guide ex	plains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.16	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	
	Travel in District	Taxi Cab reimburs	ed to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	Loffice sought o	ffice held
4 Date	5 Payee name		
8/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.67	182 Howard St.		
-	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Cab reimburs	older living expense
	Traver in Bistrict		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/10/2015	Gulfgate Dodge		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
323.89	7250 Gulf Fwy.		
	Houston TX 77017		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Travel Costs reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/11/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 11.74 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Cab reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	The Instruction Guide ex	plains how to complete this form	•
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/12/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
8/12/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.93	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Tex Check if Austin, TX, officeho Taxi Cab reimburse	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
8/12/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
20.96	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/13/2015 Canopy 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 227.44 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Event reimbursed to Chris Bell **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	•	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/13/2015	Tonys Mexican Restaurant		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
127.58	2222 Ella Blvd		
	Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	cas, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Event Expense	Campaign Event rei	mbursed to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	fice held
experientative to benefit 0/011			
4 Date	5 Payee name		
8/14/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.61	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Travel in District	Taxi Cab reimburse	d to Chris Bell
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	fice held
4 Date	5 Payee name		
8/15/2015	,		
6 Amount (\$)	Uber 7 Payee address; City;	State; Zip Code	
19.27	182 Howard St.	5.a.o, 2ip 00uc	
13.41	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	
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POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/16/2015 Brooklyn Athletic Club 7 Payee address; 6 Amount (\$) City; Zip Code State; 601 Richmond Ave. 82.89 Houston TX 77006 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Meeting Costs reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	T	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/21/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.18	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Taxi Cab reimburs	ed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/24/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.74	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Taxi Cab reimburs	ed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
		_	
4 Date	5 Payee name		
8/27/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
18.24	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Cab reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/27/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 19.72 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Cab reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide e	xplains how to complete this form	n
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/28/2015	Chrysler Dodge		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
350	7250 Gulf Fwy.		
	Houston TX 77017		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Travel in District		oursed to Chris Bell
	Travor in Biothiot		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/7/2015	Target		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
37.88	8500 S Main		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Office Overhead/Rental	Office Supplies rei	imbursed to Chris Bell
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/7/2015	US Post Office		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
49	8205 Braesmain Dr		
-			
	Houston TX 77025		
8 PURPOSE OF EXPENDITURE		(b) Description	
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POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage reimbursed to Chris Bell Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/8/2015 Lucilles 6 Amount (\$) 7 Payee address; Zip Code City; State; 70.83 5512 La Branch St Houston TX 77004 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Meeting reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13.43	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	
	Travel in District	Taxi Service reimb	ursed to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.33	182 Howard St.	2.p 0000	
14.33			
	Suite 8		
A DUDDOCE OF EVDENDITUDE	San Francisco CA 94105	(h) Decembring	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	our constant Orbertals T
		Check if travel outside of Te	
		Check if Austin, TX, officeho	
	Travel in District	Taxi Service reimb	ursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought o	office held
expendituree to benefit C/OH	Candidate / Officerioder frame	onice sought o	inice neiu
4 Date	5 Payee name		
7/10/2015	Federal Grill		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
60.34	510 Shepherd Dr.		
00.04	στο οποριισία στ.		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE		(b) Description	
O . SIN OOL SI EN LINDITONE	(a) Jaiogory	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Fundraising Lunch reimbursed to Chris Bell Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/11/2015 Aqua Car Wash 7 Payee address; 6 Amount (\$) City; Zip Code State; 1013 Montrose Blvd. 30 Houston TX 77019 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel Costs reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this forn	1.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/11/2015	PFLAG		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
100	2700 Albany St.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Contributions/Donations	Donation reimburs	ed to Chris Bell
	Made By Candidate/Officeholder/Politi		
	cal Committee		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/11/2015	Kroger Fuel Center		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
51.44	1990 Old Spanish Trl.		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Travel in District	Travel Costs reimb	oursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/18/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.94	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/19/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 20.07 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 1	Filer ID (Ethics Commission filers)
4 Date	5 Payee name	•	
7/19/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
19.92	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas	, complete Schedule T
		Check if Austin, TX, officeholde	r living expense
	Travel in District	Taxi Service reimburse	ed to Chris Bell
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	held
4 Date	5 Payee name		
7/21/2015	Ristorante Sorrento		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
65.12	415 Westheimer Rd.		
	Houston TX 77006	T	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas	
		Check if Austin, TX, officeholde	
	Food/Beverage Expense	Campaign Meeting reir	nbursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office	hald
expendituree to benefit C/OH	Candidate / Officerioder flame	office sought office	neu
4 Date	5 Payee name		
7/21/2015	Parking Meter Houston		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2	8000 N Stadium Dr.	·	
_	#2		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Parking reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/22/2015 Uber 6 Amount (\$) 7 Payee address; Zip Code City; State; 182 Howard St. 15.17 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

		plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/23/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
23.15	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/25/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
26.16	182 Howard St.		
20110	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/25/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
26.66	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/25/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 10.34 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/25/2015	Petromart		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
37.33	1820 Brittmoore Rd.		
	Houston TX 77043		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Travel in District	Gasoline reimburs	ed to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
onponantinos to zonom c/cm			
4 Date	5 Payee name		
7/28/2015	Parking Meter Houston		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1	8000 N Stadium Dr.		
	#2		
	Houston TX 77054		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Parking reimburse	d to Chris Bell
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
experience to benefit e/e/1			
4 Date	5 Payee name		
6/29/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
18.43	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/29/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 12.7 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

		plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
6/29/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.03	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
6/30/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.91	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/2/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.59	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/2/2015 Uber **6** Amount (\$) 7 Payee address; Zip Code City; State; 182 Howard St. 15.98 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

		plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/2/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.62	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/9/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.73	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/10/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.35	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE		(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/10/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 13.05 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/18/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.21	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/18/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.51	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/20/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13.33	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/20/2015 Uber 6 Amount (\$) 7 Payee address; City; State; Zip Code 182 Howard St. 12.75 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel in District Taxi Service reimbursed to Chris Bell 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/21/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
13.89	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Text Check if Austin, TX, officeho Taxi Service reimbu	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	fice held
4 Date	5 Payee name		
7/22/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.25	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Textiling Check if Austin, TX, officehood Taxi Service reimbu	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
7/23/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.89	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/23/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 16.46 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

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	The Instruction Guide e	xplains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/24/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.98	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Check if travel outside of Telegraphic Check if Austin, TX, officehor Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/25/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
10.77	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/27/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
12.9	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/28/2015 Uber 7 Payee address; 6 Amount (\$) Zip Code City; State; 182 Howard St. 15.2 Suite 8 San Francisco CA 94105 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Chris Bell Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held

	The Instruction Guide e	explains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/20/2015	Chrysler Dodge	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
350	7250 Gulf Fwy.	
	Houston TX 77017	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Travel in District	Travel Costs reimbursed to Chris Bell
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
7/20/2015	Verizon	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
250	3817 Southwest Fwy.	
	Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Office Overhead/Rental	Office Expenses reimbursed to Chris Bell
	Expense	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/5/2015	Uber	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
40.35	182 Howard St.	
	Suite 8	
	San Francisco CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Taxi Service reimbursed to Kris Sharp Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/5/2015 **United Airlines** 7 Payee address; 6 Amount (\$) City; Zip Code State; 600 Jefferson St. 25 Houston TX 77002 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Travel Costs reimbursed to Kris Sharp Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

		plains how to complete this form	1
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/10/2015	Uber		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
42.34	182 Howard St.		
	Suite 8		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Taxi Service reimb	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/10/2015	United Airlines		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
11.2	600 Jefferson St.	State, Zip Gode	
11.2	600 Jenerson St.		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Travel in District	Check if travel outside of Te Check if Austin, TX, officeho Travel Costs reimb	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
9/15/2015	Franz Brotzen-Smith		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
438	5913 Annapolis		
	Houston TX 77005		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) 1 Total pages Schedule F1: ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/15/2015 Mary Katherine Clement 7 Payee address; 6 Amount (\$) Zip Code City; State; 1629.55 2030 Winrock Blvd. Apt 544 Houston TX 77057 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	l	
9/15/2015	Patrick Devney		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2808.18			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description Check if travel outside of Tex Check if Austin, TX, officehol	
	Salaries/Wages/Contract Labor	Staff salary	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held
4 Date	5 Payee name		
9/15/2015	Catherine Flowers		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1268.84	12015 Merewood Ln.		
	Houston TX 77071		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Salaries/Wages/Contract	Staff salary	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held
,			
4 Date	5 Payee name		
9/15/2015	Erica Foster		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1412.22			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/15/2015 Christopher Pisano 7 Payee address; City; 6 Amount (\$) Zip Code State; 1097.15 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide 6	explains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/15/2015	Pearl Shapland		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
832.09			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	
	Salaries/Wages/Contract	Staff salary	3.1
	Labor	Stan salary	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/15/2015	Andre Wagner		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
438	3100 Cleburne		
	Houston TX 77004		
8 PURPOSE OF EXPENDITURE		(b) Description	
			exas, complete Schedule T
		Check if Austin, TX, officeh	
	Salaries/Wages/Contract	Staff salary	
	Labor	,	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/15/2015	Maryann Young		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1218.84	-		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
· ·	ı`,	15.7	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/1/2015 Franz Brotzen-Smith 7 Payee address; 6 Amount (\$) Zip Code City; State; 438 5913 Annapolis Houston TX 77005 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Cuids and	cplains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	o Thomas Camero Commission motor
9/1/2015	Mary Katherine Clement	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1629.55	2030 Winrock Blvd.	
	Apt 544	
	Houston TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
9/1/2015	Patrick Devney	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
2808.17		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
9/1/2015	Catherine Flowers	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1075.47	12015 Merewood Ln.	
	Houston TX 77071	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/1/2015 Erica Foster 7 Payee address; 6 Amount (\$) Zip Code City; State; 1412.21 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	T			
	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name			
9/1/2015	Christopher Pisano			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1097.15				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract	Staff salary		
	Labor			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held		
expendituree to benefit C/OH		-		
4 Date	5 Payee name			
9/1/2015	Pearl Shapland			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
832.09				
002.00				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	(d) Galogoly	Check if travel outside of Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract Labor	Staff salary		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held		
expendituree to benefit C/OH	Oandidate / Onicerioder name	office sought office held		
4 Date	5 Payee name			
9/1/2015				
	Andre Wagner	Ctata: 7'a Cada		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
438	3100 Cleburne			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/1/2015 Maryann Young 7 Payee address; City; 6 Amount (\$) Zip Code State; 1218.84 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/15/2015	Franz Brotzen-Smith	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
438	5913 Annapolis	
	Houston TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Staff salary
	Labor	
9 Complete ONLY if direct	Candidate / Officehoder name	Office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/15/2015	Mary Katherine Clement	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1629.55	2030 Winrock Blvd.	
	Apt 544	
	Houston TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Staff salary
	Labor	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/15/2015	Patrick Devney	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
2808.18		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/15/2015 Catherine Flowers 7 Payee address; 6 Amount (\$) City; Zip Code State; 1075.46 12015 Merewood Ln. Houston TX 77071 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
8/15/2015	Erica Foster	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1520.54		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Staff salary
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
8/15/2015 6 Amount (\$)	Christopher Pisano 7 Payee address; City;	State; Zip Code
	Fayee address, City,	State; Zip Code
1097.15		
8 PURPOSE OF EXPENDITURE	(a) Catagony	(b) Description
O TORTOGE OF EXPENDITORE	(a) Category	Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Solorian/Magan/Contract	Staff salary
	Salaries/Wages/Contract Labor	Stail Salary
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/15/2015	Pearl Shapland	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
832.09		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/15/2015 Andre Wagner 7 Payee address; 6 Amount (\$) City; Zip Code State; 3100 Cleburne 438 Houston TX 77004 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I KOWI I OLITICAL	CONTINIDOTIONS		
	The Instruction Guide e	plains how to complete this form	l.
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/15/2015	Maryann Young		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1218.84			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Staff salary	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/1/2015	Franz Brotzen-Smith		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
438	5913 Annapolis		
	·		
	Houston TX 77005		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	Staff salary	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/1/2015	Mary Katherine Clement		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1629.55	2030 Winrock Blvd.		
	Apt 544		
	Houston TX 77057		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/1/2015 Patrick Devney 7 Payee address; 6 Amount (\$) Zip Code City; State; 2808.17 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide o	xplains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Robert C. Bell	3 Filer ID (Ethics Commission filers)
		5 THEFT D (Ethics Commission mers)
4 Date	5 Payee name	
8/1/2015	Erica Foster	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1412.22		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Staff salary
	Labor	,
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
8/1/2015	Christopher Pisano	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1698.92	, , , , , , , , , , , , , , , , , , , ,	,
1030.32		
DUDDOSE OF EVDENDITUDE	(a) Catagon;	(h) Description
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract Labor	Staff salary
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
[
4 Date	5 Payee name	
8/1/2015	Maryann Young	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
1218.84		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 07/21/15 Kristopher Sharp **6** Amount (\$) 7 Payee address; City; Zip Code State; 1089.14 8010 Blair Mill Way Unit 611E Silver Spring MD 20910 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide or	xplains how to complete this forn	m
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell	thing now to comblete this lotti	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		, ,
7/15/2015	Mary Katherine Clement		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1629.55	2030 Winrock Blvd.	, , ,	
1029.55	Apt 544		
	Houston TX 77057		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TOKY OSE OF EXPENDITORE	(a) Category	Check if travel outside of To	evas, complete Schedule T
		Check if Austin, TX, officeh	
		Staff salary	lolder living expense
	Salaries/Wages/Contract Labor	Stail Salary	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		·	
4 Date	5 Payee name		
7/15/2015	Patrick Devney		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2808.18			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of To	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Salaries/Wages/Contract	Staff salary	
	Labor		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/15/2015	Erica Foster		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1218.84			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/15/2015 Maryann Young **6** Amount (\$) 7 Payee address; City; Zip Code State; 1218.84 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff salary Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form	
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
09/23/15	Catherine Flowers		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
175	12015 Merewood Ln.		
	Houston TX 77071		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Staff Travel Costs	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
experiance to serious e, err			
4 Date	5 Payee name		
09/23/15	Catherine Flowers		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
100	12015 Merewood Ln.		
	Houston TX 77071		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te.	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Travel in District	Staff Travel Costs	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
4 Date	5 Payee name		
08/25/15	Daniel Arguijo		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
5138	824 Stuart St.		
	Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Communications consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 09/22/15 Mary Katherine Clement **6** Amount (\$) 7 Payee address; City; Zip Code State; 565.16 2030 Winrock Blvd. Apt 544 Houston TX 77057 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense staff relocation expenses Travel in District 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
7/2/2015	United States Treasury			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
723.34	PO Box 37941			
	Hartford CT 06176			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of T	exas, complete Schedule T	
		Check if Austin, TX, officeh	nolder living expense	
	Salaries/Wages/Contract	Payroll Taxes		
	Labor	3,100.1000		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
7/1/2015	United States Treasury			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
2172.62	PO Box 37941			
	Hartford CT 06176			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of T	exas, complete Schedule T	
		Check if Austin, TX, officeh	nolder living expense	
	Salaries/Wages/Contract	Payroll Taxes		
	Labor	,		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/15/2015	United States Treasury			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
3954.46	PO Box 37941			
-				
	Hartford CT 06176			
8 PURPOSE OF EXPENDITURE		(b) Description		
	(· · · · · · · · · · · · · · · · · · ·	The second secon		

POLITICAL EXPENDITURES SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) ² FILER NAME Robert C. Bell Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Payroll Taxes Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/1/2015 **United States Treasury** 7 Payee address; 6 Amount (\$) City; Zip Code State; PO Box 37941 3870.48 Hartford CT 06176 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Payroll Taxes Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name						
8/14/2015	United States Treasury						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
3923.62	PO Box 37941						
	Hartford CT 06176						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Te	xas, complete Schedule T				
		Check if Austin, TX, officeho	older living expense				
	Salaries/Wages/Contract	Payroll Taxes					
	Labor						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held				
experioraree to benefit 6/011							
4 Date	5 Payee name						
7/31/2015	United States Treasury						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
3384.31	PO Box 37941						
	Hartford CT 06176						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
		Check if travel outside of Te	xas, complete Schedule T				
		Check if Austin, TX, officeho	older living expense				
	Salaries/Wages/Contract	Payroll Taxes					
	Labor						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held				
experioraree to benefit 6/011							
4 Date	5 Payee name						
7/15/2015	United States Treasury						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
2600.96	PO Box 37941						
	Hartford CT 06176						
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					

POLITICAL EXPEN			SCHEDULE F1			
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Robert C. Bell		3 Filer ID (Ethics Commission filers)			
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Payroll Taxes	•			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought of	ffice held			
4 Date	5 Payee name					
9/10/2015	MAC Cosmetics					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
50.00	2411 Times Blvd					
	#130					
	Houston TX 77005					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho Makeup for televise	older living expense			
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UI	NPAID INCURRED	OBLIGATIONS	SCHEDULE F2				
The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F2:	2 FILER NAME Robert C. Bell 3 Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED UNPA	IID INCURRED OBLIGATIONS \$					
5	Date	6 Payee name					
	8/13/2015	Global Strategy Group					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	29,700.00	215 Park Ave. S.					
		New York NY 10003					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (b) Description Check if travel outside of Texas, complete School Check if Austin, TX, officeholder living expense Polling Expense Campaign research					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought of	fice held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED