# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

|   | Guide explains he     | ow to complete this form.      | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages                                | filed:   |
|---|-----------------------|--------------------------------|---|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS / MRS / MR         | FIRST<br>Kelly                 | MI  | OFFICI                                       | E USE ONLY   |
|   | NICKNAME              | Cross                          | SUFFIX  | Date Received                                |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BO       | OX; APT / SUITE #; C           | CITY: STATE: ZIP CODE   |  | Co Elections   |
| Change of Address                                   | 1000                  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | FEB 2  | <b>2</b> 2022  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | ( ZIO )               | 779763                         | EXTENSION   |  | eived<br>d or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR         | Chert                          | МІ  | Receipt #                                    | - Amount \$  |
| 144112  | NICKNAME              | LAST                           | SUFFIX  | Date Imaged                                  |  |
| 7 000/2000  |                       | Sikich                         |   |  |  |
| 7 CAMPAIGN<br>TREASURER                             |                       | (NO PO BOX PLEASE); APT / SU   | 1 600 A CONTROL   1 600 A CONTROL   1   | STATE;                                       | ZIP CODE   |
| ADDRESS<br>(Residence or Business)                  | 1088                  | River Trail                    | Segum   | Tx   | 78155  |
| 8 CAMPAIGN<br>TREASURER                             | AREA CODE             | PHONE NUMBER                   | EXTENSION   |  |  |
| PHONE   | (230)                 | 557-7576                       |   | ***************************************      | and a second sec |
| 9 REPORT TYPE                                       | January 15            | 30th day before ele            | Runoff  | 15th day aft<br>treasurer ap<br>(Officeholde |  |
|   | July 15               | 8th day before elect           | tion Exceeded Modified Reporting Limit  |  | t (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                                | Month                 | Day Year                       | Month   | Day Year                                     |  |
|   |                       | /31/2022                       | THROUGH 2/  | 19/200                                       | スユ   |
| 11 ELECTION   | ELECTION D            |                                | ELECTION TYPE   |  |  |
|   | Month Day             | Year Primary                   | Runoff Other Description  |  |  |
|   | 3/1,                  | 202a General                   | Special   |  | - 1  |
| 12 OFFICE   | OFFICE HELD (if any   | _                              | 13 OFFICE SOUGHT (If known)   |  |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)         | THE CANDIDATE / OFFIC | JENULUER. THESE EXPENDITURES N | CCEPTED OR POLITICAL EXPENDITURES MA<br>MAY HAVE BEEN MADE WITHOUT THE CANDI<br>D TO REPORT THIS INFORMATION ONLY IF TH | DATE'S OD OFFICEUOLO                         | EDIO VNOW! EDOC OD   |
| COMMITTEE(S)  | COMMITTEE TYPE        | COMMITTEE NAME                 |   |  |  |
| *   | GENERAL               | COMMITTEE ADDRESS              |   |  |  |
| Additional Pages                                    | GENERAL               |                                |   |  |  |
| 9   | SPECIFIC              | COMMITTEE CAMPAIGN TREAS       | SURER NAME  |  |  |
|   |                       | COMMITTEE CAMPAIGN TREA        | SURER ADDRESS   |  |  |
|   |                       | GO TO P                        | AGE 2   |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME   | Kelly Cross   | 16 Filer ID (Ethics Commission Filers) |  |  |  |  |
|--|---|--|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$                                     |  |  |  |  |
|  | <ol> <li>TOTAL POLITICAL CONTRIBUTIONS         (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS     </li> </ol>   | \$ <b>2</b> 9                          |  |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |  |  |  |  |
| . ,  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2406.81                             |  |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD  | \$ 2406.81<br>STDAY \$ 4602.79         |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | * 5000                                 |  |  |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder   |   |  |  |  |  |  |
|  | Please complete either option below   | <i>י</i> :                             |  |  |  |  |
| (1) Affidavit  NOTARY STAMP/SEAL   | DENNIS HAROLD SAGEBIEL<br>Notary ID #7256033<br>My Commission Expires<br>January 31, 2026   |  |  |  |  |  |
| Sworn to and subscribed I  | pefore me by Kelly CV035 this the   | 21 St day of February                  |  |  |  |  |
|  | which, witness my hand and seal of office.  A SUGULU NEWWYS HAADLD SAGERIZ  | Metary Publica                         |  |  |  |  |
| Signature of officer administer  |   | Title of officer administering oath    |  |  |  |  |
|  | OR  |  |  |  |  |  |
| (2) Unsworn Declaration  | n   |  |  |  |  |  |
| My name is   | , and my date of birth is   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Control Contro | (street) (city)   | state) (zip code) (country)            |  |  |  |  |
| Executed in  | County, State of , on the day of(month  | ) 20<br>(year)                         |  |  |  |  |
|  | Signature of Candi  | date/Officeholder (Declarant)          |  |  |  |  |

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME   | 20 Filer ID (Ethics Commission Filers) |
|-----|--|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   | SUBTOTAL<br>AMOUNT                     |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 25                                  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$                                     |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | SCHEDULE E: LOANS  | \$                                     |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON              | TRIBUTIONS \$ 500                      |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 | \$                                     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C               | ONTRIBUTIONS \$                        |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            | \$ 529.91                              |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND               | \$ 529.91<br>\$ 1376.90                |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B             |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON           | TRIBUTIONS \$                          |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | NS RETURNED \$                         |

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

| The  | Instruction Guide explains how t   | o complete thi                 | is form. |                   | 1 Total pages Schedule A1:            |  |
|--|--|--------------------------------|----------|-------------------|---------------------------------------|--|
| 2 FILER NAME   | Kelly Cross  |                                |          |                   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | 5 Full name of contributor James Adams 6 Contributor address; River Trail  | out-of-state PA  City;  Sequen | State;   | Zip Code          | 7 Amount of contribution (\$)         |  |
| 8 Principal occu   | Ipation / Job title (See Instructions)   |                                | 7        | ver (See Instruc  | <br>ctions)                           |  |
| Date   | Full name of contributor   | out-of-state PA                | C (ID#:  |                   | Amount of contribution (\$)           |  |
|  | Contributor address;   | City;                          |          | Zip Code          |                                       |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instruc |  |                                |          |                   | tions)                                |  |
| Date   | Full name of contributor   | out-of-state PAC               | C (ID#:  | )                 | Amount of contribution (\$)           |  |
|  | Contributor address;   | City;                          | State; Z |                   |                                       |  |
| Principal occup  | ation / Job title (See Instructions)   |                                | Employe  | er (See Instruct  | ions)                                 |  |
| Date   | Full name of contributor   | out-of-state PAC               |          |                   | Amount of contribution (\$)           |  |
| Contributor address; City: State; Zip Code                                 |  |                                |          |                   |                                       |  |
| Principal occup  | ation / Job title (See Instructions)   |                                | Employe  | er (See Instructi | ions)                                 |  |
|  |  |                                |          |                   |                                       |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                |          |                   |                                       |  |

Revised 8/17/2020

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Credit Card Payment   | The Instruction Guide explains how to complete this form.        |                  |   |                    |  |  |  |
|---|--|------------------|---|--------------------|--|--|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME Kelly Cross   |                  | 3 Filer ID (Ethics  | Commission Filers) |  |  |  |
| 4 Date 2-1-2027   | 5 Payee name Sweet Song Karketing LO 7 Payee address:            |                  |   |                    |  |  |  |
| 6 Amount (\$)   | 1  | City;            | State;  | Zip Code           |  |  |  |
| 500   | 246 Trumans Hell   | New Prau         | nfels Tx  | 78130              |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |   | ·                  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising Exp  | Marketing        |   |                    |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin  | , TX, officeholder living ex  | kpense             |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF                             | Candidate / Officeholder name                                    | Office sought    | 0   | ffice held         |  |  |  |
| Date  | Payee name   |                  |   |                    |  |  |  |
|   |  |                  | CONTRACTOR OF THE STATE OF THE |                    |  |  |  |
| Amount (\$)   | Payee address;   | City;            | State;  | Zip Code           |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description      |   |                    |  |  |  |
| PURPOSE   |  |                  |   |                    |  |  |  |
| OF<br>EXPENDITURE   |  |                  |   |                    |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, | TX, officeholder living ex  | pense              |  |  |  |
| Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH |  | Office sought    | Of  | fice held          |  |  |  |
| Date  | Payee name   |                  |   |                    |  |  |  |
|   |  |                  |   |                    |  |  |  |
| Amount (\$)   | Payee address;   | City;            | State;  | Zip Code           |  |  |  |
|   |  |                  |   |                    |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description      |   |                    |  |  |  |
| PURPOSE<br>OF   |  |                  |   |                    |  |  |  |
| EXPENDITURE   |  |                  |   |                    |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           |                  | TX, officeholder living ex  |                    |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                               | Candidate / Officeholder name                                    | Office sought    |   | office held        |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEED | DED   |                    |  |  |  |
|   |  |                  |   |                    |  |  |  |

#### SCHEDULE F4

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

| 100  | EXPENDITURE CATEO                                      | GORIES FOR BOX 10(a)   |  |
|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politics | al Committee Legal Services                            | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)  |
|  |  | is how to complete this form.  |  |
| 1 Total pages Schedule F4:   | 2 FILER NAMELY CVO 35                                  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED                              | TO A CREDIT CARD   | \$   |
| 5 Date<br>1-31-2022  | 6 Payee name<br>FaceBook                               |  |  |
| 7 Amount (\$)  | 8 Payee address;                                       | City;  | State; Zip Code  |
| 29.41  | 1 Facebook Way,  | Menco Park   | CA 94025   |
| 9 TYPE OF<br>EXPENDITURE   | Political  | Non-Political  |  |
| 10   | (a) Category (See Categories listed at the top of this | schedule) (b) Description  |  |
| PURPOSE  | Advertising Exp  | Advertis   | ma   |
| EXPENDITURE  | riarer from the control                                | *** *** ** * * * * * * * * * * * * * *   |  |
|  | (c) Check if travel outside of Texas. Complete S       | chedule T. Check if Au   | stin, TX, officeholder living expense  |
| 11   | Candidate / Officeholder name                          | Office sought  | Office held  |
| Complete ONLY if direct expenditure to benefit C/OH  | Kelly Cross  | JP No 1  | _  |
| Date   | Payee name   |  |  |
| 3-1 10 2-2-2022  | FaceBook   |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code  |
| 49.14  | 1 Facebook Way,  | Hem Park   | Ch aug   |
| 1 1/1  |  | riento ica   | CA 94025   |
| TYPE OF EXPENDITURE  | Political  | Non-Political  |  |
|  | Category (See Categories listed at the top of this     | schedule) Description  | en de la companya de<br>La companya de la companya del companya de la companya de la companya del companya de la companya del la companya de la |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense                                    | Adver  | tising   |
| EXPENDITURE  | Check if travel outside of Texas. Complete S           |  | stin, TX, officeholder living expense  |
|  | Candidate / Officehelder name                          | Office sought  | Office held  |
| Complete ONLY if direct expenditure to benefit C/OH  | Kelly Cross  | JP#1   |  |
|  |  |  |  |
|  | 20   |  |  |
|  | ATTACH ADDITIONAL COPIES O                             | F THIS SCHEDULE AS NE  | EDED   |
|  |  |  | Revised 8/17/2020  |

#### SCHEDULE F4

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

| ×   | EXPE  | NDITURE CATE                     | ORIES F   | OR BOX 10(a)                 |  |                         |
|---|---|----------------------------------|---|------------------------------|--|-------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic | By Gift/Awards/<br>al Committee Legal Service | ege Expense<br>Memorials Expense | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | pense<br>ages/Contract Labor | Travel In District<br>Travel Out Of Dist | ipment & Related Expens |
| 1 Total pages Schedule F4:  | 2 FILER NAME                                  | 2                                | 13 110W 10 00   | mpiete tills form,           | 3 Filer ID (Ethics                       | s Commission Filers)    |
| 4 TOTAL OF INITERA  |   | Cross                            |   |                              |  |                         |
| 4 TOTAL OF UNITEM   | IZED EXPENDITUR                               | RES CHARGED                      | TOACR   | EDIT CARD                    | \$                                       |                         |
| 3/2 - 3/17/2022   | 6 Payee name                                  |                                  |   |                              | 1  |                         |
| 7 Amount (\$)   | 8 Payee address;                              |                                  |   | City;                        | State;                                   | Zip Code                |
| 250   | 1 Faceloo                                     | ook way,                         |   | MenioPa                      | uk CA                                    | 94025                   |
| 9 TYPE OF<br>EXPENDITURE  | Political                                     |                                  | Non-Pol   | itical                       |  |                         |
| 10  | (a) Category (See Categor                     |                                  | schedule)   | (b) Description              |  |                         |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising Ex                                | pense                            | a. a  | Advert                       | using                                    |                         |
|   | (c) Check if travel of                        | outside of Texas, Complete S     | chedule T.  | Check if Aus                 | stin, TX, officeholder livi              | ng expense              |
| 11 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Offi                              | ^                                | Off   | P#/                          | Office                                   | held                    |
| Date,<br>2/6  | Payee name OVICE De                           | epot                             |   |                              |  |                         |
| Amount (\$)   | Payee address;                                |                                  |   | City;                        | State;                                   | Zip Code                |
| 4,73  | 1500  | E. Cou                           | rt  | Saguer                       | Tx.                                      | 78185                   |
| TYPE OF EXPENDITURE   | Political                                     |                                  | Non-Pol   | itical                       |  |                         |
|   | Category (See Categor                         | ies listed at the top of this s  | schedule)   | Description                  | Ø  |                         |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising                                   | Sepense                          |   | Dowhan                       | ger                                      |                         |
|   | Check if travel                               | outside of Texas, Complete S     | Schedule T.   | Check if Au                  | stin, TX, officeholder liv               | ng expense              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Office                            | )                                |   | P#L                          | Office                                   | held                    |
|   |   |                                  |   |                              |  |                         |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

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

| 9   | EXPENDITURE CATEG   | ORIES FOR BOX 10(a)  | )                         |  |  |
|---|---|--|---------------------------|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic | al Committee Legal Services                               | Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor |                           | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) |  |
|   | The Instruction Guide explains                            | s how to complete this form  | n.                        |  |  |
| 1 Total pages Schedule F4:  | 2 FILER NAME COPS   |  | 3 Filer ID (I             | Ethics Commission Filers)  |  |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED                                 | TO A CREDIT CARD   | \$                        | en e   |  |
| 5 Date 2-5-2022   | 6 Payee name<br>OFFICE DEPOT                              |  |                           |  |  |
| 7 Amount (\$)<br>39,80  | 8 Payee address;<br>1500 E. Court 5+                      | City;<br>Sequa   | sta<br>Tx                 | te; Zip Code<br>78/155   |  |
| 9 TYPE OF<br>EXPENDITURE  | Political   | Non-Political  |                           |  |  |
| 10  | (a) Category (See Categories listed at the top of this so | chedule) (b) Descriptio  | n                         | ***************************************  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | PURPOSE Advertising Expense Ma                            |  |                           |  |  |
|   | (c) Check if travel outside of Texas. Complete Sc         | hedule T. Check  | if Austin, TX, officehold | er living expense  |  |
| 11<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name Kelly Cross                 | Office sought  |                           | ffice held   |  |
| 2-2-2021  | Payee name Office Depot                                   |  |                           |  |  |
| Amount (\$)   | Payee address;  | City;  | Stat                      | e; Zip Code  |  |
| 36.55   | 1500 2 Court  | Sequi  | 1 TR                      | 78155  |  |
| TYPE OF EXPENDITURE   | Political   | Non-Political  |                           |  |  |
|   | Category (See Categories listed at the top of this se     | chedule) Descriptio  | n                         |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Advertising Exp   | Printin  | 3                         |  |  |
|   | Check if travel outside of Texas. Complete So             | chedule T. Check   | if Austin, TX, officehold | der living expense   |  |
|   | Candidate / Officeholder-name                             | Office sought  | 0                         | ffice held   |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Kelly Cero 55   | JP#1   |                           |  |  |
|   |   |  |                           |  |  |
|   | ATTACH ADDITIONAL COPIES OF                               | THIS SCHEDULE AS   | NEEDED                    |  |  |

SCHEDULE F4

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

|   | EXPENDITURE CATEGORIES FOR BOX 10(a) |   |   |  |  |                       |
|---|--------------------------------------|---|---|--|--|-----------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic | By all Committee                     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expen<br>Legal Services | Office Ove<br>Polling Ex<br>se Printing E |  | Solicitation/Fundraisi<br>Transportation Equipi<br>Travel In District<br>Travel Out Of District<br>Other (enter a catego | ment & Related Expens |
|   |                                      | The Instruction Guide e   | xplains how to o                          | omplete this form.   | ( a canogo   | . y not iisted above) |
| 1 Total pages Schedule F4:  | 2 FILERN                             | AME Kelly Cros  | 35  |  | 3 Filer ID (Ethics (   | Commission Filers)    |
| 4 TOTAL OF UNITEM   | IIZED EXPE                           | NDITURES CHAR   | GEDTOACE                                  | REDIT CARD   | \$   |                       |
| 5 Date  | 6 Payee na                           | ame   |   |  |  |                       |
| 3-16-2020   | PAST SI                              | ans   |   |  |  |                       |
| 7 Amount (\$)   | 8 Payee as                           | doress;   |   | 0:   |  |                       |
| 115.28  | I                                    | 51435   |   | New Bran   | uxfels Tx  | Zip Code              |
| 9 TYPE OF EXPENDITURE   | <b>№</b> Po                          | litical   | Non-Po                                    | litical  |  |                       |
| 10  | (a) Category                         | (See Categories listed at the top   | of this schedule)                         | (b) Description  |  |                       |
| PURPOSE   |                                      | <b>3</b>  | or and sorreduct                          | (b) Description  |  |                       |
| EXPENDITURE   | AAIRA                                | FISHA DIE   |   | Develope   | ela ( 18)  |                       |
|   | (c) c                                | Transfer of the second  |   | - By within  |  |                       |
| 11  |                                      | heck if travel outside of Texas. Con  |   | Check if Rus   | tin, TX, officeholder living   | expense               |
| Complete ONLY if direct expenditure to benefit C/OH   | Candid                               | date / Officeholder name  | e Of                                      | fice sought  | Office he  | ld                    |
| Date  | Payee na                             | me  |   |  |  |                       |
|   | , , , , , , ,                        |   |   |  |  |                       |
| Amount (\$)   | Payon ad                             | denan   |   |  |  |                       |
| (\$)  | Payee ad                             | aress;  |   | City;  | State;   | Zip Code              |
| P   |                                      |   |   |  |  |                       |
|   |                                      |   |   |  |  |                       |
| TYPE OF<br>EXPENDITURE  | Poli                                 | itical  | Non-Pol                                   | itical   |  |                       |
|   | Category (                           | See Categories listed at the top of   | of this schedule)                         | Description  |  |                       |
| PURPOSE   |                                      |   |   |  |  |                       |
| OF<br>EXPENDITURE   |                                      |   |   |  |  |                       |
|   | C                                    | neck if travel outside of Texas. Com  | plete Schedule T.                         | Check if Aust  | in, TX, officeholder living e  | evnenea.              |
|   |                                      | ate / Officeholder name   |   |  |  |                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candid                               | ate / Officerolder Harrie   | Off                                       | ice sought   | Office hel   | d                     |
|   |                                      |   |   |  |  |                       |
|   |                                      |   |   |  |  |                       |
|   | •                                    |   |   | A Paris Control of Samuel Control of Paris Control of Samuel Contr |  |                       |
|   | ATTACH                               | ADDITIONAL COPIE  | S OF THIS SO                              | HEDULE AS NEE  | DED  |                       |
|   |                                      |   |   |  |  |                       |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (page 2)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name affice Depot 6 Amount (\$) State: Zip Code 1500 & Court ST 7815> Tx Jegum Reimbursement from political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Doorhanger OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct JP #1 expenditure to benefit C/OH 2-6-2022 Office Depot Sequin Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Printing OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct JAH1 expenditure to benefit C/OH Payee name 2-7-2022 USPS Payee address: State: Zip Code 531 W Court ST 78155 Doguw Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE 14 vertising Expense Mail out OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Kelly Ovoss Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin Cal Committee Legal Services Salarie | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense |  |  |  |  |
| 1 Total pages Schedule G:  | 2 FILER NAME CASS   | 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |
| 4 Date 2-1-2022  | 5 Payee name OFFICE Depot   |  |  |  |  |  |
| 6 Amount (\$) 31, 80 Reimbursement from political contributions intended   | 7 Payee address; KOO 2 Court of   | City;<br>Segun   | State; Zip Code Tx 78155                     |  |  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Printing Expense                                      | (b) Description How out  |  |  |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   | Check if travel outside of Texas. Complete Schedule T.  Candidate / Office Polder name  Kelly Chos                      | Office sought  | TX, officeholder living expense  Office held |  |  |  |
| J-11-2032  | Anerican Express  |  |  |  |  |  |
| Amount (\$)  Reimbursement from political contributions intended   | Payee address; PO. YOX 65044  | Jallas   | State; Zip Code Tx 75265                     |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Creat and payment   | Description Advertisms   | expecses                                     |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Austin,   | TX, officeholder living expense              |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate / Officeholder name   | Office sought  | Office held                                  |  |  |  |
| Date 4-8022  | Payee name  Bank of America   |  |  |  |  |  |
| Amount (\$)493.K  Reimbursement from political contributions intended  | Payee address; PBBX 851001  | Jallas   | State; Zip Code  78285                       |  |  |  |
| PURPOSE  | Category (See Categories listed at the top of this schedule)  | Description  |  |  |  |  |
| OF<br>EXPENDITURE  | Check if travel outside of Texas, Complete Schedule T.  | Advertisin   | TX. officeholder living expense              |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name                                   | Check if Austin, 1 Office sought   | TX, officeholder living expense Office held  |  |  |  |

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