

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: Kelly MI: N NICKNAME: _____ LAST: Crow SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 10734 Lacaille APT / SUITE #: _____ CITY: Richmond TX STATE: _____ ZIP CODE: 77406	JAN 31 2022 RCVD	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: (281) 908 2393 EXTENSION: _____	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Stephen MI: D NICKNAME: _____ LAST: Crow SUFFIX: _____	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 77406 2411 Hopewell Ct Richmond, TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: (832) 236-0280 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2022 THROUGH 01 / 20 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): Justice of the Peace, Fort Bend County Place 1-1 OFFICE SOUGHT (if known): Justice of the Peace, Fort Bend County Place 1-1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<small>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.</small> COMMITTEE TYPE: <input type="checkbox"/> GENERAL COMMITTEE NAME: _____ <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME <i>Kelly N. Crow</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>4,650.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4650.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2976.49</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3388.49</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>8621.53</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>10,824.58</i>

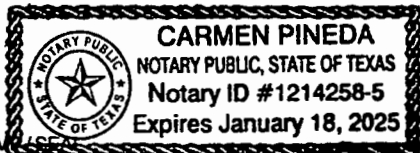
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kelly Crow

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by *Kelly Crow* this the *3rd* day of *January*, 20*22*, to certify which, witness my hand and seal of office.

Carmen Pineda *Carmen Pineda* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME

Kelly N. Crow

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,650.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,976.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kelly N. Crow</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>The Republican Women's Club of Katy</i>
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6 Amount (\$) <i>\$25.00</i>	7 Payee address; City: State: Zip Code <i>9550 Spring Green Blvd Katy TX 77494 Ste. 408-122</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event</i>	(b) Description <i>Meeting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/28/2022</i>	Payee name <i>T-Shirts Etc. Katy</i>
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Amount (\$) <i>\$600.00</i>	Payee address; City: State: Zip Code <i>811 Mason Rd Ste 160 Katy TX 77450</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>T-shirts Magnets</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kelly N. Crow</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/10/2022</i>	5 Payee name <i>NBD Graphics</i>	
6 Amount (\$) <i>\$1,856.49</i>	7 Payee address; City: State: Zip Code <i>917 S. Mason Rd Katy TX 77450</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising/Printing Expense</i>	
	(b) Description <i>Push Cards</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/11/2022</i>	Payee name <i>Behind the Badge Charities</i>	
Amount (\$) <i>\$ 250.00</i>	Payee address; City: State: Zip Code <i>202 Century Square Blvd. Sugar Land TX 77476</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	
	Description <i>Charity</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/11/2022</i>	Payee name <i>NeosSi Studios</i>	
Amount (\$) <i>\$ 245.00</i>	Payee address; City: State: Zip Code <i>10101 Southwest Fwy Ste 103 Houston TX 77074-1100</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	
	Description <i>Portrait photo</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <u>1</u>
2 FILER NAME <i>Kelly N. Crow</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/31/2022</i> <i>1/11/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Allison Bogner</i>	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address; City; State; Zip Code <i>16250 Black Falcon Rd, Weller TX 77484</i>		
8 Contributor's principal occupation <i>Homemaker Ophthalmologist</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Self-employed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/14/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Houston Apartment Association PAC</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>4810 Westway Park Blvd, Houston TX 77041</i>		
Contributor's principal occupation <i>PAC</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>1/11/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Andy Meyers</i>	Amount of contribution (\$) <i>\$3,000.00</i>
Contributor address; City; State; Zip Code <i>22333 Grand Corner Dr, Katy TX 77494</i>		
Contributor's principal occupation <i>County Commissioner</i>		Contributor's job title <i>Commissioner</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.