

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

25

OFFICE USE ONLY

Date Received

JAN 13 2026 RCVD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs

Kelly

N

NICKNAME

LAST

SUFFIX

Crow

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2535 Silent Shore Ct

Richmond, Tx 77406

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

908-2393

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Stephen

D

NICKNAME

LAST

SUFFIX

Crow

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2411 Hopewell Ct

Richmond

Tx

77406

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

236-0280

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

6

15

25

THROUGH

1

15

26

11 ELECTION

ELECTION DATE

Month

Day

Year

11

3

26

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace, Precinct 1, Place 1

13 OFFICE SOUGHT (if known)

Justice of the Peace, Precinct 1, Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|----------------------------|---|--|
| 15 C/OH NAME Kelly Crow | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10,050.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 2,513.10 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,513.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 27,050.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 38,000.00 |

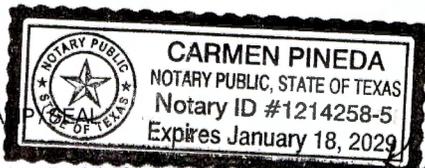
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kelly Crow

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STATE OF TEXAS

Sworn to and subscribed before me by Kelly Crow this the 8th day of January, 2020, to certify which, witness my hand and seal of office.

Carmen Pineda
Signature of officer administering oath

Carmen Pineda
Printed name of officer administering oath

Notary
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 - C/OH

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

| | | |
|---|--|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,050.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | ■ SCHEDULE E: LOANS | \$ 17,000.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,513.10 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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 to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/22/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Karen Scott 6 Contributor address; City; State; Zip Code 3526 Grayson Gardens Ct Fulshear, Tx 77441 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) volunteer | | 9 Employer (See Instructions) |
| Date 11/19/2025 | Full name of contributor out-of-state PAC (ID#: _____) Erica Molina Contributor address; City; State; Zip Code P.O. Box 491 Simonton, Tx 77476 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Fort Bend County Constable's Office | | Employer (See Instructions) Fort Bend County |
| Date 11/19/2025 | Full name of contributor out-of-state PAC (ID#: _____) Margaret Daniels Contributor address; City; State; Zip Code 25507 Winston Hollow Ln Katy, Tx 77494 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) volunteer | | Employer (See Instructions) |
| Date 11/15/2025 | Full name of contributor out-of-state PAC (ID#: _____) Bach Williams Contributor address; City; State; Zip Code 8505 Graceful Oak Crossing Katy, Tx 77494 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) volunteer | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/05/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Ray Kerlick 6 Contributor address; City; State; Zip Code 29818 FM 1093, Suite 206 Fulshear, Tx 77441 | 7 Amount of contribution (\$) 2,000.00 |
| 8 Principal occupation / Job title (See Instructions) attorney | | 9 Employer (See Instructions) self |
| Date 11/04/2025 | Full name of contributor out-of-state PAC (ID#: _____) Paul Kubosh Contributor address; City; State; Zip Code 1619 Lubbock St Houston, Tx 77007 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) self |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Joy Bastawrous Contributor address; City; State; Zip Code 29568 Fulshear Lakes Trace, Richmond, Tx 77406 | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Julie Wessel Contributor address; City; State; Zip Code 21547 Prairie Crest Dr. Richmond, Tx 77406 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/22/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Maurice Lebeau 6 Contributor address; City; State; Zip Code 2030 Wembley Way, Rosenberg, Tx 77471 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) police officer | | 9 Employer (See Instructions) Harris County |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) David Fornet Contributor address; City; State; Zip Code 11511 Via Verdone Dr. Richmond, Tx 77406 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Melissa Blanscet Contributor address; City; State; Zip Code 4604 Westerdale, Fulshear, Tx 77441 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2025 | Full name of contributor out-of-state PAC (ID#: _____) Diane Yvonne Ramsey Contributor address; City; State; Zip Code 5603 Mimosa Lane, Richmond, Tx 77406 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/09/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Michael Sorgenfrei 6 Contributor address; City; State; Zip Code 4435 Canadian River Dr Sugar Land, Tx 77478 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) police officer | | 9 Employer (See Instructions) Fort Bend County |
| Date 10/07/2025 | Full name of contributor out-of-state PAC (ID#: _____) Brett Kerr Contributor address; City; State; Zip Code 3207 Whispering Pecans Dr Fulshear, Tx 77441 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) Cal-Pine |
| Date 10/06/2025 | Full name of contributor out-of-state PAC (ID#: _____) Husein Hadi Contributor address; City; State; Zip Code 7100 Regency Square, Suite 140 Houston, Tx 77036 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) self |
| Date 10/06/2025 | Full name of contributor out-of-state PAC (ID#: _____) Allan Cease Contributor address; City; State; Zip Code 56 Sugar Creek Blvd, Suite 300 Sugar Land, Tx 77478 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/05/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Allison Bognar 6 Contributor address; City; State; Zip Code 4 Trapo Lane Hot Springs, Ak 71909 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 10/05/2025 | Full name of contributor out-of-state PAC (ID#: _____) Matt Morgan Contributor address; City; State; Zip Code 1619 Rambling Stone Dr. Richmond, Tx 77406 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) State House Rep. | | Employer (See Instructions) State of Texas |
| Date 10/05/2025 | Full name of contributor out-of-state PAC (ID#: _____) William Ferguson Contributor address; City; State; Zip Code 7723 Green Path Ct Sugar Land, Tx 77479 | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) reserve police officer | | Employer (See Instructions) Fort Bend County |
| Date 10/08/2025 | Full name of contributor out-of-state PAC (ID#: _____) Hoover Slovacek Contributor address; City; State; Zip Code P.O. Box 4547 Houston, Tx 77210 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) attorneys at law | | Employer (See Instructions) self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/22/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) J. Michael Su 6 Contributor address; City; State; Zip Code 6655 Greatwood Pkway, Sugar Land, Tx 77479 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) dentist | | 9 Employer (See Instructions) self |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Jaime Jaramillo Contributor address; City; State; Zip Code 21710 Honeysuckle Grove Ln Richmond, Tx 77469 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Martha Schiebel Contributor address; City; State; Zip Code 6126 Oxford Lake Dr Rosenberg, Tx 77471 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) police officer | | Employer (See Instructions) Fort Bend County |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Michael Moore Contributor address; City; State; Zip Code 6028 Rawlings Rd Needville, Tx 77461 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/22/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Laura Griffith | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 6703 Quail Park Ln, Needville, Tx 77461 | | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 10/22/2025 | Full name of contributor out-of-state PAC (ID#: _____) Deborah Ifanger | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 5303 Whitmore St Weston Lakes, Tx 77441 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) Tangerlia Felton | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3903 Westerdale Dr Fulshear, Tx 77441 | | |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) Fort Bend County |
| Date 10/17/2025 | Full name of contributor out-of-state PAC (ID#: _____) Cweran Law Firm | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3311 Richmond Ave Suite 305 Houston, Tx 77096 | | |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) self |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Kelly Crow | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/21/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair & Sampson LLP 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Tx 78760 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) attorneys at law | | 9 Employer (See Instructions) self |
| Date 10/21/2025 | Full name of contributor out-of-state PAC (ID#: _____) Houston Apartment Association Contributor address; City; State; Zip Code 4810 Westpark Blvd Houston, Tx 77041 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) represents apartments | | Employer (See Instructions) |
| Date 10/31/2025 | Full name of contributor out-of-state PAC (ID#: _____) Sarita Ackerman Contributor address; City; State; Zip Code 24802 N. Pointe Pl Katy, Tx 77494 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) artist/interior design | | Employer (See Instructions) self |
| Date 12/30/2025 | Full name of contributor out-of-state PAC (ID#: _____) Flint Turner Contributor address; City; State; Zip Code 6225 Pecan Lake Katy, Tx 77493 | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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 Kelly Crow | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/08/2025 | | 5 Payee name PayPal | | | |
| 6 Amount (\$) 164.65 | | 7 Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145 <small>Check if individual's residence address.</small> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Charges incurred from donations made to my Paypal account | | |
| | <small>(c) Check if travel outside of Texas. Complete Schedule T.</small> | | <small>Check if Austin, TX, officeholder living expense</small> | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name Kelly Crow | | Office sought Justice of the Peace Precinct 1, Place 1 | |
| Office held Justice of the Peace, Precinct 1, Place 1 | | | | | |
| Date 08/07/2025 | | Payee name Print Place | | | |
| Amount (\$) 251.81 | | Payee address; City; State; Zip Code 1130 Ave H East Arlington, Tx 76011 <small>Check if individual's residence address.</small> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Push Cards for campaign | | |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> | | <small>Check if Austin, TX, officeholder living expense</small> | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name Kelly Crow | | Office sought Justice of the Peace, Precinct 1, Place 1 | |
| Office held Justice of the Peace, Precinct 1, Place 1 | | | | | |
| Date 09/02/2025 | | Payee name Go Daddy | | | |
| Amount (\$) 17.66 | | Payee address; City; State; Zip Code 100 S. Mill Ave Tempe AZ 85281 <small>Check if individual's residence address.</small> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | | Description Cost to set up website | | |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> | | <small>Check if Austin, TX, officeholder living expense</small> | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name Kelly Crow | | Office sought Justice of the Peace, Precinct 1, Place 1 | |
| Office held Justice of the Peace, Precinct 1, Place 1 | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Kelly Crow | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/15/2025 | 5 Payee name Taste of Texas | |
| 6 Amount (\$) 504.95 | 7 Payee address; 11310 Katy Freeway | City; State; Zip Code Houston Tx 77043 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expenses | (b) Description Gift cards for volunteers that helped with logo, push cards and website setup |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |
| Date 09/30/2025 | Payee name Molina's Restaurant | |
| Amount (\$) 162.37 | Payee address; 6300 FM 1463, Suite 500 | City; State; Zip Code Fulshear Tx 77441 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Dinner with volunteers |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |
| Date 10/08/2025 | Payee name In & Out Postal | |
| Amount (\$) 49.41 | Payee address; 5614 W Grand Parkway, Ste 102 | City; State; Zip Code Richmond Tx 77406 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Stamps and mailing material |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/11/2025 | 5 Payee name The UPS Store | |
| 6 Amount (\$) 34.63 | 7 Payee address; 503 FM 359, Ste 130 <small>Check if individual's residence address.</small> | City; State; Zip Code Richmond Tx 77406 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Mailing expense |
| | (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 Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |
| Date 10/15/2025 | Payee name Deluxe Checks First Community Credit Union | |
| Amount (\$) 15.00 | Payee address; 23803 FM 1093 <small>Check if individual's residence address.</small> | City; State; Zip Code Richmond, Tx 77406 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Checks for campaign account |
| | (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 Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |
| Date 10/24/2025 | Payee name Molina's Restaurant | |
| Amount (\$) 873.40 | Payee address; 6300 FM 1463, Suite 500 <small>Check if individual's residence address.</small> | City; State; Zip Code Fulshear Tx 77441 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Campaign Kickoff |
| | (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 Kelly Crow | Office sought: Justice of the Peace, Precinct 1, Place 1 Office held: Justice of the Peace, Precinct 1, Place 1 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Kelly Crow | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-----------------------------------|--|

| | |
|-----------------------------|---------------------------------|
| 4 Date 12/07/2025 | 5 Payee name Molina's |
|-----------------------------|---------------------------------|

| | | | | |
|---|--|-------------------|--------------|-------------------|
| 6 Amount (\$) 439.22 | 7 Payee address; 6300 FM 1463, Suite 500 | City; Fulshear | State; Tx | Zip Code 77441 |
| <small>Check if individual's residence address.</small> | | | | |

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Beverage Expense | (b) Description Dinner with volunteers catered to the house |
| | (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 Kelly Crow | Office sought Justice of the Peace, Precinct 1, Place 1 | Office held Justice of the Peace, Precinct 1, Place 1 |
|---|---|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|---|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <small>Check if individual's residence address.</small> | | | | |

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|---|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <small>Check if individual's residence address.</small> | | | | |

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zip Code |
| <small>Check if individual's residence address.</small> | | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| <small>Check if individual's residence address.</small> | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/></small> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; City; State; Zip Code <small>Check if individual's residence address.</small> | |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; City; State; Zip Code <small>Check if individual's residence address.</small> | |
| | Description of investment | |
| | Amount of investment (\$) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

EXPENDITURES MADE BY CREDIT CARD

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 | 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | | |
|---|--|---|--|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ |
| 5 CREDIT CARD ISSUER | Name of financial institution | | |
| 6 PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 |
| Date | Payee name | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Code Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Code Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| | Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| | Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| | Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | | |
| 6 Amount (\$) | 7 Payee address; | City | State | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State; Zip Code | |
| | 7 Purpose for which amount is received Check if political contribution returned to filer <input type="checkbox"/> | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer <input type="checkbox"/> | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer <input type="checkbox"/> | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer <input type="checkbox"/> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Kelly Crow

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Kelly Crow

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Kelly Crow

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

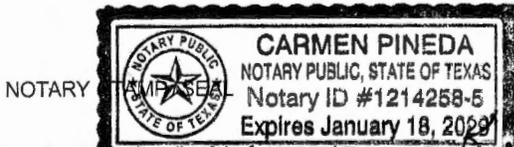
| OFFICE USE ONLY | |
|--|-----------|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

| | |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance Report report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Kelly Crow
Signature of Filer

Sworn to and subscribed before me by Kelly Crow this the 8th day of January, 2026, to certify which, witness my hand and seal of office.

Carmen Pineda Signature of officer administering oath
Carmen Pineda Printed name of officer administering oath
Notary 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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER