

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

*Kelly
Cross*

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P O Box 2753 Seguin TX 78155

Guadalupe Co Elections

FEB 22 2022

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 379 7631

Received

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

*Cheryl
Sikich*

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1088 River Trail Seguin TX 78155

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830) 557 7575

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

1 / 31 / 2022 THROUGH 2 / 19 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 1 / 2022

ELECTION TYPE

Primary

Runoff

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

-

13 OFFICE SOUGHT (if known)

JP No. 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

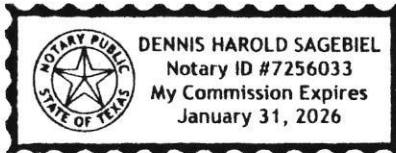
15 C/OH NAME <i>Kelly Cross</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>29</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2406.81</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4602.79</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>5000</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 Cross
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Kelly Cross* this the *21st* day of *February*, 20*22*, to certify which, witness my hand and seal of office.
Dennis Harold Sagebiel *DENNIS HAROLD SAGEBIEL* *Notary Public, State of Texas*
 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 - 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		\$ 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 CONTRIBUTIONS		\$ 500
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 529.91
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1376.90
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: 1
2 FILER NAME <i>Kelly Cross</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/2022</i>	5 Full name of contributor <i>James Adams</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>25</i>
6 Contributor address; City; State; Zip Code <i>River Trail Seguin Tx 78155</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions) <i>—</i>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		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.

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: 1	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
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4 Date 2-1-2022	5 Payee name Sweet Song Marketing LLC
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6 Amount (\$) 500	7 Payee address; 2146 Truman's Hill	City; New Braunfels Tx	State;	Zip Code 78130
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Marketing
	(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 Cross	Office sought JP#1	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
	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	Office sought	Office held
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Date	Payee name
------	------------

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
	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	Office sought	Office held
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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.

1 Total pages Schedule F4: 4	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 1-31-2022	6 Payee name FaceBook	
7 Amount (\$) 29.41	8 Payee address; City; State; Zip Code 1 Facebook Way, Menlo Park CA 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought JP No 1
		Office held —
Date 2-1 to 2-2-2022	Payee name FaceBook	
Amount (\$) 49.14	Payee address; City; State; Zip Code 1 Facebook Way, Menlo Park CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	(c) 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 Cross	Office sought JP #1
		Office held —

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.

1 Total pages Schedule F4: 4	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/2 - 2/17/2022	6 Payee name FACE BOOK	
7 Amount (\$) 250	8 Payee address; City; State; Zip Code 1 Facebook Way, Menid Park CA 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought JP #1
		Office held —
Date 2/6	Payee name OFFICE DEPOT	
Amount (\$) 9.73	Payee address; City; State; Zip Code 1500 E. COURT Joplin TX 78155	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door hanger
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought JP #1
		Office held —
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.

1 Total pages Schedule F4: 4	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2-5-2022	6 Payee name Office Depot	
7 Amount (\$) 39.80	8 Payee address; 1500 E. COURT ST	City; State; Zip Code Sequim TX 78155
9 TYPE OF EXPENDITURE	<input checked="" 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
	Advertising Expense	Mailout
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought: JP #1 Office held: —
Date 2-2-2022	Payee name Office Depot	
Amount (\$) 36.55	Payee address; 1500 E COURT	City; State; Zip Code Sequim TX 78155
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising exp	Printing
(c) 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 Kelly Cross	Office sought: JP #1 Office held: —

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.

1 Total Pages Schedule F4: 4	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2-16-2022	6 Payee name FAST Signs	
7 Amount (\$) 115.28	8 Payee address: 1671 Siltz City: New Braunfels Tx State: Zip Code: 78130	
9 TYPE OF EXPENDITURE	<input checked="" 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
	Advertising exp	Printing
(c) Check if travel outside of Texas. Complete Schedule T. 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	
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
	(c) 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

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	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)
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4 Date 2-2-2022	5 Payee name Office Depot
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6 Amount (\$) 4.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1500 E. Court St	City; Sequim	State; Tx	Zip Code 78155
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Doorhanger
	(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 Cross	Office sought JP #1	Office held —
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Date 2-6-2022	Payee name Office Depot
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Amount (\$) 75.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1500 E. Court St	City; Sequim	State; Tx	Zip Code 78155
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing
	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 Cross	Office sought JP #1	Office held —
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Date 2-7-2022	Payee name USPS
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Amount (\$) 116.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 531 W Court St	City; Sequim	State; Tx	Zip Code 78158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mail out
	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 Cross	Office sought JP #1	Office held —
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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		2 FILER NAME Kelly Cross		3 Filer ID (Ethics Commission Filers)	
4 Date 2-1-2022		5 Payee name Office Depot			
6 Amount (\$) 31.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 1500 S COURT ST		City; Sequin	State; Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Haulout		
	(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 Kelly Cross		Office sought SP #1	Office held —
Date 2-17-2022		Payee name American Express			
Amount (\$) 650.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; P.O. Box 65044		City; Dallas	State; Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment		Description Advertising expenses		
	<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 2-14-2022		Payee name Bank of America			
Amount (\$) 493.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; P O Box 851001		City; Dallas	State; Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card PMT		Description Advertising		
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED