FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080462 35 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Peter M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Kelly CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dax F. NAME NICKNAME LAST **SUFFIX** Garza **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 522-3000 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 9 District 1 Court Of Appeals, Justice Place 9 District 1

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 35

| 13 C / OH NAME | Kelly, Peter M. (The I | Honorable) | 14 Filer ID (00080462 | Ethics Commission Filers) |
|--|----------------------------------|---|---|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political ex These expenditures may have been made officeholders are required to report this inf | without the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER N | NAME | |
| | | COMMITTEE CAMPAIGN TREASURER A | ADDRESS | |
| 16 CONTRIBUTION | 1. TOTAL UNITEM | ZED POLITICAL CONTRIBUTIONS(OTHE | R THAN PLEDGES, LOANS, | |
| TOTALS | | ES OF LOANS, OR CONTRIBUTIONS MAI | | \$ 0.00 |
| | | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF | F LOANS) | \$ 19,625.09 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLIT | CAL EXPENDITURES | | \$ 16,816.52 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF RIOD | F THE LAST DAY OF THE | \$ 73,466.18 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD | ANS AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | |
| | | | r penalty of perjury, that the acc cludes all information required to Code. | |
| | | Т | he Honorable Peter M. Kelly | 1 |
| | | Sign | ature of Candidate or Officehol | der |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | day |
| of | , 20, to co | rtify which, witness my hand and seal of of | fice. | |
| | | | | |
| Signature of office | cer administering oath | Printed name of officer administering | oath Title of officer | administering oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | | C | OVER S | 3 of 35 |
|-------------|--------|------|---|-------------------|--------|--------------|
| | ILER N | | (Ethics Co | ommission Filers) | | |
| 20 S | CHED | ULE | SUBTOTALS | | CLUB | TOTAL AMOUNT |
| Ν | AME (| OF S | SCHEDULE | | SOB | TOTAL AMOUNT |
| 1. | X | | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 19,625.09 |
| 2. | |] | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | |] | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. | | | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | |
| 5. | × | | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | 6 | \$ | 16,816.52 |
| 6. | |] | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | |] | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | |] | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10 | 0. |] | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 1: | 1. |] | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 1: | 2. X | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 1,747.77 |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|----------------------------|--|------------------------|----------------------------------|------|---|
| | The Instru | ction Guide explains ho | ow to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/35 |
| 2 | FILER NAME Kelly, Peter | M. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080462 |
| 4 | Date 11/06/2023 | 5 Full name of contributorBaker Botts Amicus Fur6 Contributor address; City; | |) | 7 | Amount of Contribution (\$) \$5,000.00 |
| | | Houston, TX 77002 | | | | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) |
| | 07/19/2023 | Barnes, Thomas Contributor address; City; | State; Zip Code | | | \$1,000.00 |
| | | Houston, TX 77007 | | I | | |
| | Law Firm | Principal Occupation | | Contributor's Job Title Attorney | | |
| _ | | employer/law firm | | Law firm of contributor's sp | 2011 | co (if any) |
| | Barnes Law | | | Law mm or contributor 5 of | Jou. | se (ii diiy) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | I | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) |
| | 11/29/2023 | Calili, Ranald Contributor address; City; | State; Zip Code | | | \$500.00 |
| | | Pearland, TX 77581 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | | f R. Scott Calili, PLLC s a child, law firm of parent(s) (i | f any) | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE | A(J)1 |
|----|--------------------|--|------------------------|--------------------------------|---------------|---------------------------------------|------------|
| | The Instru | ction Guide explains ho | ow to complete this | form. | | pages Schedule A(J)1 2/6 Rpt: 5/35 | L: |
| 2 | FILER NAME | | | | | D (Ethics Commissi | on Filers) |
| | Kelly, Peter | M. (The Honorable) | | | 0008 | 0462 | |
| 4 | Date 07/01/2023 | 5 Full name of contributor Chavez, Mark6 Contributor address; City; | out-of-state PAC (ID#: | | 7 Amou | nt of Contribution (\$) | \$100.00 |
| | | Houston, TX 77098 | | | | | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | | |
| | Attorney | | | Attorney | | | |
| 10 | Contributor's @ | employer/law firm Associates | | 11 Law firm of contributor's s | pouse (if ar | ny) | |
| 12 | | s a child, law firm of parent(s) (i | f any) | | | | |
| | . II continuator i | o a orma, law mm or parent(s) (i | . arry) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | Amou | nt of Contribution (\$) | |
| | 08/17/2023 | Cokinos Young | _ | | | | \$1,000.00 |
| | | Contributor address; City; | State: Zin Code | | | | |
| | | Houston, TX 77010 | | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if ar | ny) | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | | | |
| = | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amou | nt of Contribution (\$) | |
| | 07/07/2023 | George Tex Quesada P | | | | (,, | \$5,000.00 |
| | | Contributor address; City; | | | | | , . , |
| | | | State, 21p Gode | | | | |
| | | Dallas, TX 75219 | | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if ar | ny) | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | I | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|---------------------------------|--|------------------------|---------------------------------|------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/35 |
| 2 | FILER NAME Kelly, Peter | M. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080462 |
| 4 | Date 12/07/2023 | Full name of contributor Horowitz, Daniel Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$500.00 |
| | | Houston, TX 77005 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's e Daniel D. Ho | employer/law firm prowitz III PC | | 11 Law firm of contributor's sp | oous | e (if any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (i | f any) | 1 | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 07/20/2023 | Hunton Andrews Kurth Contributor address; City; | | | | \$2,500.00 |
| | | Houston, TX 77002 | | T | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | e (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | <u> </u> | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 07/11/2023 | Jenike, Mark | | | | \$50.00 |
| | | Contributor address; City; Appleton, WI 54915 | | | | |
| | Contributor's I | I Principal Occupation | | Contributor's Job Title | | |
| | College Prof | essor | | Professor | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | e (if any) |
| | Lawrence U | niversity | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | fany) | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|----------------------------|--|------------------------|---------------------------------|----------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/35 |
| 2 | FILER NAME Kelly, Peter | M. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080462 |
| 4 | Date 08/03/2023 | 5 Full name of contributor Klitsas, Loren6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$250.00 |
| | | Spring, TX 77379 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| _ | Lawyer | | | Lawyer | | |
| 10 | Klitsas & Ve | employer/law firm rcher, PC | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | | s a child, law firm of parent(s) (i | f any) | <u> </u> | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 08/18/2023 | Contributor address; City; | State; Zip Code | | | \$500.00 |
| | Contributorio | Davis, CA 95616 | | Contributor's Job Title | | |
| | Retired | Principal Occupation | | Retired | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 12/28/2023 | Mahadass, Rajesh Contributor address; City; Houston, TX 77098 | State; Zip Code | | | \$2,000.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Attorney | | | Attorney | | |
| Г | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Paranjpe Ma | ahadass Ruemke LLP (PMR | Law) | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|---------------------------------|--|------------------------|---------------------------------|----------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/35 |
| 2 | FILER NAME Kelly, Peter | M. (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080462 |
| 4 | Date 07/03/2023 | 5 Full name of contributor Meyer, Janet6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$25.09 |
| | | Houston, TX 77019 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | | Property Manager | | Manager | | |
| 10 | Contributor's e Redstart, In | employer/law firm C. | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | ! If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| H | Date | Full name of contributor | out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) |
| | 11/03/2023 | Perkins, Dan Contributor address; City; | <u> </u> | | | \$100.00 |
| | | Greenville, TX 75402 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | | rins Law Group | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) |
| | 12/19/2023 | Quarles, Patrick | _ | | | \$1,000.00 |
| | | Contributor address; City; Houston, TX 77009 | State; Zip Code | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Retired | molpai occupation | | Retired | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Retired | | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDULE A | (J)1 |
|----|-----------------|--|---|------|-----------------------------|-----------|
| | The Instru | ction Guide explains how to complete this f | Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/35 | | | |
| 2 | FILER NAME | | | | Filer ID (Ethics Commission | n Filers) |
| | Kelly, Peter | M. (The Honorable) | | | 00080462 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 07/02/2023 | Raub, Timothy | | .] | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| 8 | Contributor's F | Principal Occupation | 9 Contributor's Job Title | | | |
| • | Lawyer | Thicipal Occupation | Lawyer | | | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | oous | e (if anv) | |
| | Raub Law F | | | | - (·· · · · · · /) | |
| 12 | | s a child, law firm of parent(s) (if any) | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/24 Rpt: 10/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/28/2023 | United Venture Consortium |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$18.41 | 2711 26th St NE |
| | | |
| | | Washington, DC 20018 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Travel in Washington DC for NFJE Symposium |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| F | Date | Payee name |
| | 07/31/2023 | United Venture Consortium |
| ┢ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.73 | 2711 26th St NE |
| | , | |
| | | Washington, DC 20018 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Travel in Washington DC for NFJE Symposium |
| | | Traver in Washington 20 for the of of symposium |
| ┢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 07/31/2023 | United Venture Consortium |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$74.66 | 2711 26th St NE |
| | | |
| | | Washington, DC 20018 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Travel in Washington DC for NFJE Symposium |
| | | Traver in washington be for NF3E Symposium |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/24 Rpt: 11/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 12/12/2023 | 2 Houston Center Parking |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| l | \$18.00 | 909 Fannin St |
| | | |
| | | Houston, TX 77010 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Parking |
| | | T arting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 07/24/2023 | AT&T |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.70 | 208 S. Akard St |
| | Ψ-0.70 | 200 O. Alkard Ot |
| | | Dallas, TX 75202 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11 2/13/17 C/12 | Check if Austin, TX, officeholder living expense |
| | | Campaign Telecommunications |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ⊨ | Data | Davida marea |
| | Date 08/23/2023 | Payee name AT&T |
| L | | |
| | Amount (\$) \$43.70 | Payee address; City; State; Zip Code 208 S. Akard St |
| | \$43.70 | 208 S. Akaru Si |
| | | D-II TV 75000 |
| L | | Dallas, TX 75202 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Telecommunications |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/24 Rpt: 12/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 09/25/2023 | AT&T |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$43.70 | 208 S. Akard St |
| | | |
| | | Dallas, TX 75202 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Telecommunications |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 10/23/2023 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.70 | 208 S. Akard St |
| | | |
| | | Dallas, TX 75202 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Telecommunications |
| | | Campagn releconmunications |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 11/23/2023 | AT&T |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.70 | 208 S. Akard St |
| | | |
| | | Dallas, TX 75202 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11 2/13/17 C/12 | Check if Austin, TX, officeholder living expense |
| | | Campaign Telecommunications |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | | | xpens Wages | e /Contract Labor | | Travel in District Travel Out of Dist OTHER (enter a | trict category not listed above) |
|---|---|----------|-----------------|---|-----------------|------------|------------------|----------------------|------|--|-------------------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 4/24 Rpt: 13/35 | | Kelly, Peter | M. (The Honorable | e) | | | | | 00080462 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 12/22/2023 | | AT&T | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | ode | | | | |
| | \$43.70 | | 208 S. Akar | d St | | | | | | | |
| | | | | | | | | | | | |
| | | | Dallas, TX 7 | 75202 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at the to | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | head/Rental Exper | | , | | Check if travel of | | de of Texas. Comp | |
| | EXPENDITORE | | | | | | | _ | | officeholder living | |
| | | | | | | | | Campaign Te | lec | ommunicatio | ons |
| _ | Complete ONE V. St. alian | L | Sandidet-10" | | | VE: | | | | Office | lal |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Jandidate/Offi | ceholder name | C | Office sou | ugnt | | | Office he | iu |
| | Date | | Payee name | | | | | | | | |
| | 07/21/2023 | | Aceves Cor | nmunications, LLC | ; | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | ode | | | | |
| | \$2,808.25 | | PO Box 651 | L4 | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX | K 77265 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the to | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Consulting I | | | , | | — | | de of Texas. Comp | |
| | _/ | | | | | | | — | | officeholder living | expense |
| | | | | | | | | General Cons | suit | ing | |
| _ | Complete ONLY if direct | <u> </u> | Pandidate/Offi | ceholder name | | Office sou | lapt | | | Office he | ld. |
| | expenditure to benefit C/O | | zariuluale/OIII | сеношен паппе | C | mice SOL | agrit | | | Office ne | iu |
| _ | Data | _ | | | | | | | | | |
| | Date | | Payee name | irlinos | | | | | | | |
| | 07/13/2023 | | American A | | | | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zip Co | ode | | | | |
| | \$34.67 | | 1 Skyview D |)r | | | | | | | |
| | | | | | | | | | | | |
| | | | Fort Worth, | TX 76155 | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | ee Categories listed at the to | op of this sch | edule) | (b) | Description | _ | | |
| | EXPENDITURE | | Fees | | | | | ш | | de of Texas. Comp officeholder living | |
| | | | | | | | | Seating Fee | ۱۸, | omcenoider livilig | слрен ас |
| | | | | | | | | 3 · - 0 | | | |
| | Complete ONLY if direct | Щ | Candidate/Offi | ceholder name | C | Office sou | <u>l</u> ught | | | Office he | ld |
| | expenditure to benefit C/OI | | | | | | J - | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/24 Rpt: 14/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/05/2023 | American Law Institute |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$125.00 | 4025 Chestnut Street, |
| | | |
| | | Philadelphia, PA 19104 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Annual Dues |
| | | Allitual Dues |
| _ | 0 1: 0.11.7.7.1. | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 12/31/2023 | Anedot, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$212.40 | 1340 Poydras Street |
| | | |
| | | New Orleans, LA 70112 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Credit Card Processing Fees 7/1-12/31/2023 |
| | Computate ONLY if diseast | Condidate Office halder some |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 08/22/2023 | Area 5 Democrats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 3800 Spencer Highway |
| | | Suite L |
| | | Pasadena, TX 77504 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Club Donation |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Candidate/Officeholder/Politica | | | egal Services | | alaries/W | | e /Contract Labor | | OTHER (enter a | | sted above) |
|---|---|------------|----------------|--------------------------|-----------------------|-----------|------|----------------------|-------|---------------------|----------------|------------------|
| | Credit Card Payment | | | The Instruction Gu | ıide explains hov | w to con | nple | te this form. | | | | |
| 1 | Total pages Schedule F1: | 2 F | FILER NAME | | | | | | 3 | Filer ID | (Ethics Con | nmission Filers) |
| | Sch: 6/24 Rpt: 15/35 | F | Kelly, Peter I | M. (The Honora | able) | | | | | 00080462 | | |
| 4 | Date | 5 F | Payee name | | | | | • | | | | |
| | 07/06/2023 | 1 | | ssociates, LLP | | | | | | | | |
| 6 | Amount (\$) | 7 F | Payee address | s; City; | State; Z | Zip Cod | de | | | | | |
| | \$800.00 |] 1 | 1005 La Pos | ada Dr. | | | | | | | | |
| | | | | | | | | | | | | |
| | | / | Austin, TX 78 | 3752 | | | | | | | | |
| 8 | PURPOSE | - | | | | | (h) | Description | | | | |
| ٠ | OF | | Calegory (See | Categories listed at the | ne top of this schedu | ile) | (2) | _ : | outsi | de of Texas. Com | plete Schedule | т. |
| | EXPENDITURE | ` | Consuming L | хрепзе | | | | 느 | | officeholder living | | |
| | | | | | | | | Personal Fina | anc | e Statemen | t Preparati | on |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Offic | eholder name | Offic | ce soug | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | F | Payee name | | | | | | | | | |
| | 08/21/2023 | E | Brazoria Cοι | ınty Democratio | c Party | | | | | | | |
| | Amount (\$) | F | Payee addres | s; City; | State; Z | Zip Cod | de | | | | | |
| | \$150.00 | 5 | 55 Pin Oak (| Ct. | | | | | | | | |
| | | | | | | | | | | | | |
| | | lι | Lake Jackso | n, TX 77566 | | | | | | | | |
| | PURPOSE | (a) (| Category (See | Categories listed at the | ne top of this schedu | le) | (b) | Description | | | | |
| | OF EXPENDITURE | (| Contributions | s/Donations Ma | ide By | | | Check if travel of | outsi | de of Texas. Com | plete Schedule | т. |
| | EXPENDITORE | (| Candidate/O | fficeholder/Poli | tical Committe | ee | | — | | officeholder living | g expense | |
| | | | | | | | | New Headqua | arte | er Donation | | |
| | | <u> </u> | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offic | enolder name | Отп | ce soug | gnt | | | Office h | ela | |
| | | | | | | | | | | | | |
| | Date | l | Payee name | | | | | | | | | |
| | 12/01/2023 | | Fairmont Au | stin | | | | | | | | |
| | Amount (\$) | l | Payee addres | | State; Z | Zip Coo | de | | | | | |
| | \$89.72 |] 1 | 101 Red Riv | er St | | | | | | | | |
| | | | | | | | | | | | | |
| | | / | Austin, TX 7 | 3701 | | | | | | | | |
| | PURPOSE | (a) (| Category (See | Categories listed at the | ne top of this schedu | ile) | (b) | Description | | | | |
| | OF EXPENDITURE | 7 | Travel Out o | District | | | | | | de of Texas. Com | • | Т. |
| | | | | | | | | Travel Meal | , TX, | officeholder living | g expense | |
| | | | | | | | | i i avei ivieal | | | | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | Offi | ce soug | thr | | | Office he | eld | |
| | expenditure to benefit C/OI | | andidate/Offic | cholder flattle | Olli | oc soug | J111 | | | Onice III | Ciu | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete thi | ct Labor OTHER | (enter a category not listed above) |
|---|--|---|---|-------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |) (Ethics Commission Filers) |
| | Sch: 7/24 Rpt: 16/35 | Kelly, Peter M. (The Honorable) | 00080 |)462 |
| 4 | Date | 5 Payee name | | |
| | 07/30/2023 | Fairmont Washington | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$36.30 | 2401 M Street, NW | | |
| | | | | |
| | | Washington, DC 20037 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Des | cription | |
| | OF EXPENDITURE | 1 000/Beverage Expense | heck if travel outside of Tex | |
| | _ | | heck if Austin, TX, officehold E Travel Meal | der living expense |
| | | INFO | E Havel Meal | |
| Ļ | Operation ONLY if direct | Out title to 10ff and and the same | 0.5 | ## |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Ot | ffice held |
| _ | Date | Davisa nama | | |
| | 10/01/2023 | Payee name Harris County Democratic Party | | |
| | | <u> </u> | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$2,500.00 | 4619 Lyons Ave. | | |
| | | | | |
| | | Houston, TX 77020 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Des | ription | |
| | OF EXPENDITURE | Contributions/Donations Made By | heck if travel outside of Tex | |
| | _ | Carialacto/Cinconstaci/i Cintical Committee | heck if Austin, TX, officehold | der living expense |
| | | JIVI | Sponsorship | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Of | ffice held |
| | expenditure to benefit C/O | | O. | noc nota |
| _ | Data | | | |
| | Date | Payee name | | |
| | 12/07/2023 | Hispanic Bar Association of Houston | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$500.00 | 1321 Antoine Drive | | |
| | | | | |
| | | Houston, TX 77055 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Des | | |
| | EXPENDITURE | Contributions/Donations Made by | heck if travel outside of Tex heck if Austin, TX, officehold | · |
| | | | nt Sponsorship | ier living expense |
| | | Lve | Oponooronip | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Of | ffice held |
| | expenditure to benefit C/O | • | Oi | noo nolu |
| - | | | | |
| | | | | |
| 1 | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|---|
| _ | | , , , , , , , , , , , , , , , , , , , | _ |
| 1 | Total pages Schedule F1: Sch: 8/24 Rpt: 17/35 | 2 FILER NAME Kelly, Peter M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080462 | |
| 4 | Date | 5 Payee name | _ |
| | 09/27/2023 | Houston Bar Association | _ |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$234.00 | 1111 Bagby St. | |
| | | #200 | |
| | | Houston, TX 77002 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF EXPENDITURE | Contributions/Donations Made By | |
| | | Candidate/Officeholder/Political Committee | |
| | | Event Tickets | |
| _ | | | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 12/05/2023 | Houston Dairy Maids | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$219.65 | 2201 Airline Drive | |
| | | | |
| | | Houston, TX 77009 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Judicial Reception Catering | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | _ |
| | Date | Payee name | = |
| | 08/22/2023 | Houston Philosophical Society | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$175.00 | 1321 Antoine Drive | |
| | , | | |
| | | Houston, TX 77055 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder/Political Committee | |
| | | Gridinable Contribution | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| | | | _ |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/24 Rpt: 18/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 Date | 5 Payee name |
| 08/09/2023 | Mickeys Trophy Shop |
| 6 Amount (\$) \$14.74 | 7 Payee address; City; State; Zip Code 444 Front Street Laurel, MS 39440 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametag |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/28/2023 | PJ Clarke's |
| Amount (\$) \$51.70 | Payee address; City; State; Zip Code 1600 K Street NW |
| | Washington, TX 20006 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NFJE Travel Meal |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name Philadelphia Taxi |
| 07/14/2023 | <u>'</u> |
| Amount (\$) \$39.66 | Payee address; City; State; Zip Code 11-11 34th Avenue, |
| | Long Island City, NY 11106 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NFJE Seminar Travel |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Political Commi Credit Card Payment | | laries/Wages/Contract Labor to complete this form. | OTHER (enter a category not listed above) |
|---|--|---|---|
| 1 Total pages Schedule F1: 2 FI | ILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 10/24 Rpt: 19/35 K | elly, Peter M. (The Honorable) | | 00080462 |
| 4 Date 5 Pa | ayee name | | |
| 07/14/2023 P | hiladelphia Taxi | | |
| ` ′ | ayee address; City; State; Z 1-11 34th Avenue, | ip Code | |
| | ong Island City, NY 11106 | | |
| | ategory (See Categories listed at the top of this schedul ravel Out of District | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense ar Travel |
| Complete ONLY if direct Car expenditure to benefit C/OH | ndidate/Officeholder name Offic | ce sought | Office held |
| Date Pa | ayee name | | |
| 11/14/2023 Pi | imlico Irish Pub | | |
| ` ' | ayee address; City; State; Z 10 Waugh Drive | ip Code | |
| н | louston, TX 77019 | | |
| l OE I | ategory (See Categories listed at the top of this schedul ood/Beverage Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense MOUI |
| Complete ONLY if direct Car expenditure to benefit C/OH | ndidate/Officeholder name Offic | e sought | Office held |
| | ayee name ink's Pizza | | |
| ` ′ | ayee address; City; State; Z 500 North Terminal Rd | ip Code | |
| Н | louston, TX 77032 | | |
| | ategory (See Categories listed at the top of this schedul ood/Beverage Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct Car expenditure to benefit C/OH | ndidate/Officeholder name Offic | e sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/24 Rpt: 20/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 12/08/2023 | Spec's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$533.85 | 2410 Smith St. |
| | | |
| | | Houston, TX 77006 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Judicial Reception Refreshments |
| | | Sudicial Neception New Comments |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 11/09/2023 | Stander, Margot |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 301 Fannin St |
| | | |
| | | Houston, TX 77002 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense HBA Luncheon Reimbursement |
| | | TIBA CEGITION NOTIFICAL |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 09/19/2023 | Staples |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$61.46 | 1919 Taylor St. |
| | | |
| | | Houston, TX 77007 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | Office Supplies |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| I | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/24 Rpt: 21/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 12/01/2023 | Texas Democratic Party |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,500.00 | PO Box 15707 |
| | | |
| | | Austin, TX 78761 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Filing Fees |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 09/02/2023 | Texas Gulf Coast Area Labor Federation |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 2506 Sutherland St |
| | | |
| | | Houston, TX 77023 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Labor Day Luncheon Sponsorship |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| | Data | Para and a second |
| | Date 08/17/2023 | Payee name The Chipper |
| | | |
| | Amount (\$) \$21.31 | Payee address; City; State; Zip Code 1251 Pin Oak Rd |
| | Ψ21.31 | 1251 Fill Ouk Nu |
| | | Katy, TX 77494 |
| | DUDDOCE | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Travel Meal for SCAC |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | experientale to beliefft C/O | • |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Candidate/Officeholder/Politica | | Legal Services | | | es/Contract Labor | | OTHER (enter a | strict category not listed ab | ove) |
|---|---------------------------------|----------------|-------------------------------|-----------------------------|------|-------------------|--------|---------------------|----------------------------------|-------------|
| | Credit Card Payment | | The Instruction (| Guide explains how to c | ompl | lete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER | NAME | | | | 3 | Filer ID | (Ethics Commiss | ion Filers) |
| | Sch: 13/24 Rpt: 22/35 | Kelly, | Peter M. (The Hono | rable) | | | | 00080462 | | |
| 4 | Date | 5 Payee | name | | | | _ | | | |
| | 11/15/2023 | l | INE Austin | | | | | | | |
| 6 | Amount (\$) | 7 Payee | address; City; | State; Zip C | ode | | | | | |
| Ĭ | \$178.13 | 1 | Cesar Chavez St. | Otato, 2.p o | 00 | | | | | |
| | 72.0.20 | | | | | | | | | |
| | | Augti | 2 TV 70701 | | | | | | | |
| _ | | | า, TX 78701 | | 1 | | | | | |
| 8 | PURPOSE OF | | Ory (See Categories listed at | t the top of this schedule) | (b) | Description | | d4.T O | onleste College de la T | |
| | EXPENDITURE | Trave | el Out of District | | | | | officeholder living | plete Schedule T. | |
| | | | | | | Lodging | | | , . , | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct | Candida | ate/Officeholder name | Office so | ught | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | J | | | | | |
| | Date | Payee | name | | | | | | | |
| | 11/15/2023 | l ´ | INE Austin | | | | | | | |
| | Amount (\$) | | address; City; | State: Zip C | odo | | | | | |
| | \$51.92 | 1 | E Cesar Chavez St. | State, Zip C | oue | | | | | |
| | Ψ51.92 | 111 | Cesai Chavez St. | | | | | | | |
| | | A = 4: | - TV 70704 | | | | | | | |
| | | | า, TX 78701 | | 1 | | | | | |
| | PURPOSE OF | | Ory (See Categories listed at | the top of this schedule) | (b) | Description | o. ito | do of Toyon Com | mieto Cobodulo T | |
| | EXPENDITURE | Trave | el Out of District | | | = | | officeholder living | plete Schedule T. expense | |
| | | | | | | Lodging | | | , . , | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candida | ate/Officeholder name | Office so | ught | : | | Office he | eld | |
| | expenditure to benefit C/OI | 4 | | | | | | | | |
| | Date | Pavee | name | | | | | | | |
| | 08/18/2023 | The F | Roaring Fork | | | | | | | |
| | Amount (\$) | Payee | address; City; | State; Zip C | ode | | | | | |
| | \$33.66 | 701 0 | Congress | · | | | | | | |
| | | | - | | | | | | | |
| | | Austii | n, TX 78701 | | | | | | | |
| | PURPOSE | | Ory (See Categories listed at | | (h) | Description | | | | |
| | OF | | /Beverage Expense | the top of this schedule) | (") | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | 1 000, | Dovorago Expondo | | | Check if Austin | , TX | officeholder living | g expense | |
| | | | | | | Travel Refres | shn | nents for SC | AC | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | ate/Officeholder name | Office so | ught | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to comp | nplete | e this form. |
|---|-----------------------------|--|--------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 14/24 Rpt: 23/35 | Kelly, Peter M. (The Honorable) | | 00080462 |
| 4 | Date | 5 Payee name | | • |
| | 08/18/2023 | The Roaring Fork | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | de | |
| | \$43.61 | 701 Congress | | |
| | | | | |
| | | Austin, TX 78701 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) [| Description |
| | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | EX. ENDITORE | | Ļ | Check if Austin, TX, officeholder living expense Travel Meal for SCAC |
| | | | | Tavel Medi IOI SCAC |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sough | nht | Office held |
| 9 | expenditure to benefit C/Ol | | yı ıı | Office field |
| - | Date | Burner | | |
| | 11/15/2023 | Payee name Treebeards | | |
| | | | 40 | |
| | Amount (\$) \$28.15 | Payee address; City; State; Zip Code 1117 Texas Ave. | Je | |
| | φ20.13 | IIII Texas Ave. | | |
| | | Houston TV 77002 | | |
| | | Houston, TX 77002 | | |
| | PURPOSE OF | , | (b) [| Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Food/Beverage Expense | F | Check if Austin, TX, officeholder living expense |
| | | | ī | ntern Lunch |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ght | Office held |
| | expenditure to benefit C/Ol | 1 | | |
| | Date | Payee name | | |
| | 10/11/2023 | Treebeards | | |
| | Amount (\$) | Payee address; City; State; Zip Code | de | |
| | \$130.44 | 1117 Texas Ave. | | |
| | | | | |
| | | Houston, TX 77002 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | (b) [| Description |
| | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | L | Check if Austin, TX, officeholder living expense ntern Lunch |
| | | | | moni Euron |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/O | • | , | 555d |
| - | | | | |
| | | | | |
| l | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| | Sch: 15/24 Rpt: 24/35 | Kelly, Peter M. (The Honorable) 00080462 | |
| 4 | Date | 5 Payee name | _ |
| l | 08/03/2023 | Treebeards | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | - |
| | \$25.44 | 1117 Texas Ave. | |
| l | | | |
| l | | Houston, TX 77002 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| l | | Intern Lunch | |
| L | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | experientare to benefit Grot | | |
| l | Date | Payee name | |
| l | 07/21/2023 | Treebeards | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$43.30 | 1117 Texas Ave. | |
| l | | | |
| l | | Houston, TX 77002 | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| l | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | | Check if Austin, TX, officeholder living expense Intern Lunch | |
| l | | intern Lunch | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| l | expenditure to benefit C/OI | | |
| ⊨ | Data | David and the second se | = |
| l | Date 07/14/2023 | Payee name Twisted Tail | |
| ┡ | | | _ |
| l | Amount (\$) \$74.60 | Payee address; City; State; Zip Code 509 S 2nd St | |
| l | \$74.00 | 509 S 211ú St | |
| l | | Distribution DA 101.47 | |
| L | | Philadelphia, PA 19147 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Reverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | NFJE Travel Meal | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| | | | _ |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| Ŀ | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total pages Schedule F1: Sch: 16/24 Rpt: 25/35 | 2 FILER NAME Kelly, Peter M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080462 |
| Ļ | <u> </u> | |
| 4 | Date | 5 Payee name |
| l | 07/16/2023 | Uber Technologies |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| ľ | \$9.91 | 1515 3rd Steet |
| l | Ψ3.31 | 1515 514 51661 |
| l | | |
| | | San Francisco , CA 94158 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| l | | Commuting |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| L | <u> </u> | |
| | Date | Payee name |
| | 07/15/2023 | Uber Technologies |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.78 | 1515 3rd Steet |
| | Ψ17.70 | 1515 514 51661 |
| | | |
| | | San Francisco , CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| H | Date | Daysa nama |
| | | Payee name |
| | 07/16/2023 | Uber Technologies |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$13.78 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| \vdash | PURPOSE | · · · · · · · · · · · · · · · · · · · |
| | OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Commuting |
| 1 | | Community |
| dash | 0 1: 0::::::::::::::::::::::::::::::::: | |
| 1 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experience to belieff 6/01 | <u> </u> |
| 1 | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica | | Legal Services | | | se s/Contract Labor | | OTHER (enter a | category not listed above) | |
|---|---|--------------------------|--------------------------------|----------------------|-------|------------------------|-------|---------------------|----------------------------|---------|
| | Credit Card Payment | | The Instruction Guide | e explains how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | Ξ | | | | 3 | Filer ID | (Ethics Commission F | -ilers) |
| | Sch: 17/24 Rpt: 26/35 | Kelly, Peter | M. (The Honorable | e) | | | | 00080462 | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 07/14/2023 | Uber Techr | nologies | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$54.34 | 1515 3rd S | teet | | | | | | | |
| | | | | | | | | | | |
| | | San Francis | sco , CA 94158 | | | | | | | |
| 8 | PURPOSE | | ee Categories listed at the to | | (b) | Description | | | | |
| ľ | OF | Travel Out | | op of this schedule) | (~) | _ : | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austin, | , TX, | officeholder living | expense | |
| | | | | | | Commuting | | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | iceholder name | Office sou | ıght | | | Office he | eld | |
| | experientare to benefit 6/01 | ' | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 07/15/2023 | Uber Techr | nologies | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$20.97 | 1515 3rd S | teet | | | | | | | |
| | | | | | | | | | | |
| | | San Franci | sco , CA 94158 | | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Travel Out | | | | = | | | plete Schedule T. | |
| | | | | | | _ | , TX, | officeholder living | expense | |
| | | | | | | Commuting | | | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | ıaht | | | Office he | ald | |
| | expenditure to benefit C/O | | icentitie name | Office 30u | igiit | | | Office file | au | |
| _ | D-4- | | | | | | | | | |
| | Date 07/17/2023 | Payee name Uber Techr | | | | | | | | |
| | | | | | | | | | | |
| | Amount (\$) | Payee addre | | State; Zip Co | ode | | | | | |
| | \$14.95 | 1212 310 2 | ieei | | | | | | | |
| | | 0 | 04.04450 | | | | | | | |
| | | | sco , CA 94158 | | | | | | | |
| | PURPOSE OF | | ee Categories listed at the to | op of this schedule) | (b) | Description | outei | do of Toyas Com | plete Schedule T. | |
| | EXPENDITURE | Travel Out | of District | | | | | officeholder living | | |
| | | | | | | Commuting | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | iceholder name | Office sou | ight | | | Office he | eld | |
| | expenditure to benefit C/OI | 4 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ı | | | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

eimbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 18/24 Rpt: 27/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/16/2023 | Uber Technologies |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$16.78 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Commuting |
| a | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Ð | expenditure to benefit C/OI | |
| | Date | Davis same |
| | 07/17/2023 | Payee name Uber Technologies |
| | | · · · · · · · · · · · · · · · · · · · |
| | Amount (\$) \$12.92 | Payee address; City; State; Zip Code 1515 3rd Steet |
| | Ф12.92 | 1515 Sid Steet |
| | | Con Francisco CA 04150 |
| | | San Francisco , CA 94158 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 07/18/2023 | Uber Technologies |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.91 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Commuting |
| | | Community |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 19/24 Rpt: 28/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/17/2023 | Uber Technologies |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$9.92 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Commuting |
| | | Community |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| | Date | Davisa nama |
| | 07/30/2023 | Payee name Uber Technologies |
| | Amount (\$) | |
| | \$18.95 | Payee address; City; State; Zip Code 1515 3rd Steet |
| | \$10.95 | 1515 Siu Sleet |
| | | Can Francisco - CA 04150 |
| | | San Francisco , CA 94158 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 07/28/2023 | Uber Technologies |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.30 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | Commission ONU Wife allows | Condidate/Officeholder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/24 Rpt: 29/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/26/2023 | Uber Technologies |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.21 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Commuting |
| | | Community |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | David waren |
| | 07/28/2023 | Payee name Uber Technologies |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$37.75 | 1515 3rd Steet |
| | | 05 |
| | | San Francisco , CA 94158 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 09/14/2023 | Uber Technologies |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.05 | 1515 3rd Steet |
| | | |
| | | San Francisco , CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | LAPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Commuting |
| | Complete ONLY if alice at | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp | | xpens Wages | e /Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) |
|----------|---|--------------------------|---|----------------|----------------|----------------------|---------|---|-------------------------------------|
| 1 | Total pages Schedule F1: | | | | | | | Filer ID | (Ethics Commission Filers) |
| | Sch: 21/24 Rpt: 30/35 | Kelly, Pete | M. (The Honorable) | | | | | 00080462 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 08/10/2023 | Uber Techi | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | ode | | | | |
| | \$8.72 | 1515 3rd S | teet | | | | | | |
| | | | | | | | | | |
| | | San Franci | sco , CA 94158 | | | | | | |
| 8 | PURPOSE | (a) Category (s | ee Categories listed at the top of t | his schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel Out | | , | | | outsid | e of Texas. Comp | olete Schedule T. |
| | EXPENDITORE | | | | | — | , TX, (| officeholder living | expense |
| | | | | | | Commuting | | | |
| _ | | | | | <u> </u> | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | | iceholder name | Office sou | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 08/10/2023 | Uber Techi | nologies | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | |
| | \$8.89 | 1515 3rd S | teet | | | | | | |
| | | | | | | | | | |
| | | San Franci | sco , CA 94158 | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the top of t | his schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel Out | | | | _ | | e of Texas. Comp | |
| | _// | | | | | _ | , TX, (| officeholder living | expense |
| | | | | | | Commuting | | | |
| _ | Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | ıaht | | | Office he | ald |
| | expenditure to benefit C/O | | TAILLE | Onice 300 | agrit | | | Office He | iu. |
| \vdash | Data | Deves ::-: | | | | | | | |
| | Date 07/28/2023 | Payee name Uber Techi | | | | | | | |
| | | | | Ctata: 7' C | - له - | | | | |
| | Amount (\$) | Payee addre | | State; Zip Co | ode | | | | |
| | \$45.30 | 1515 3rd S | leel | | | | | | |
| | | San Franci | sco , CA 94158 | | | | | | |
| | PURPOSE | (a) Category (s | ee Categories listed at the top of t | his schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel Out | | - / | | Check if travel of | | e of Texas. Comp | |
| | LAFLINDITORE | | | | | _ | , TX, (| officeholder living | expense |
| | | | | | | Commuting | | | |
| | Complete ONII V if direct | Condidate /Cf | iooboldor nors- | Office | l abt | | | Office I | .id |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | iceholder name | Office sou | ugnt | | | Office he | eiu . |
| | , | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 22/24 Rpt: 31/35 | Kelly, Peter M. (The Honorable) | 00080462 |
| 4 | Date | 5 Payee name | <u> </u> |
| | 09/14/2023 | Uber Technologies | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$5.05 | 1515 3rd Steet | |
| | | | |
| | | San Francisco , CA 94158 | |
| 8 | PURPOSE | | Description |
| | OF | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | Commuting |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 07/20/2023 | United Airlines | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$887.80 | 233 S. Wacker Drive | |
| | | | |
| | | Chicago, IL 60606 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Air fare for NFJE Symposium |
| | | | 7 iii laid lei lii de dymposiam |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| _ | Date | Payee name | |
| | 07/07/2023 | University Club | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,341.67 | 27 West 44th Street | |
| | \$2,0 12.01 | | |
| | | New york, NY 10036 | |
| | DUDDOCE | · · · · · · · · · · · · · · · · · · · | Description |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District | Check if Austin, TX, officeholder living expense |
| | | | Lodging for ALI meeting |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| L | expenditure to benefit C/Ol | H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 23/24 Rpt: 32/35 | Kelly, Peter M. (The Honorable) 00080462 |
| 4 | Date | 5 Payee name |
| | 07/31/2023 | Uptowner 2004 Cafe |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$7.15 | 2400 M St, NW |
| | | |
| | | Washington, DC 20037 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | NFJE Travel Refreshments |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - |
| | Date | Payee name |
| | 12/20/2023 | Whole Foods Market |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$600.00 | 701 Waugh Drive |
| | | |
| | | Houston, TX 77019 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Staff Holiday Gift Cards |
| | | Stall Holiday Glit Calus |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 08/17/2023 | Y&H Buttery Bakery |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5.39 | 1251 Pin Oak Rd |
| | | #125 |
| | | Katy, TX 77494 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Travel Meal for SCAC |
| | Commission ONU Wife allows | Condidate/Officeholder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | , ₋ I Cor | mmittee | Legal Servic | Memorials Ex es | | | xpens Vages | e /Contract Labor ete this form. | | Travel in District Travel Out of Di OTHER (enter a | |
|---|---|-------------------------|--------------|---------------|--------------------|-----------------|------------|----------------|--|-----|--|----------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | Ξ | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 24/24 Rpt: 33/35 | | Kelly, Pete | | Honorab | le) | | | | | 00080462 | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| l | 09/20/2023 | | Young, De | oorah | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; Ci | ty; | State; | ; Zip Co | ode | | | | |
| l | \$500.00 | | 301 Fannir | Street | | | | | | | | |
| l | | | | | | | | | | | | |
| | | | Houston, T | X 77002 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories | s listed at the | top of this sch | iedule) | (b) | Description | | | |
| l | OF EXPENDITURE | | Contributio | | | | ŕ | | ш | | | nplete Schedule T. |
| l | LAFLINDITORL | | Candidate/ | Officeholo | der/Politic | cal Comm | ittee | | _ | | officeholder living | |
| l | | | | | | | | | Donation to 0 | Cou | rt Staff Che | er Fund |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Of | iceholder r | name | (| Office sou | ıght | | | Office h | eld |
| | | | | | | | | | | | | |

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

SCHEDULE K

| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: /1 Rpt: 34/35 | |
|---|---|--|-----------------------------|-----------|----------|-----------------------------------|----------------|
| 2 | FILER NAME | ler ID | D (Ethics Commission Filers | | | | |
| | Kelly, Peter | M. (The Honorable) | 0804 | 462 | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 07/07/2023 | Countiss, Julie (The Honorable) | | | | ., | \$52.50 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | Address of person from whom amount is received, City, State, 2:p Code | | | | | |
| | | | | | | | |
| | | Houston, TX 77266 | | | | | |
| | | oontri | ibution roturned to file | | | | |
| | | 7 Purpose for which amount is received | JOILL | Cai | COHUI | ibution returned to file | ! ! |
| | | Remibulsement for Court Stair Gift | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 10/10/2023 | Kelly, Peter (The Honorable) | | | | | \$424.44 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Purpose for which amount is received | oliti | cal | contri | ibution returned to file | er |
| | | Milage Reimbursement | | | | | |
| | Date | Name of person from whom amount is received | | | 1 | Amount (\$) | |
| | 09/08/2023 | National Civil Justice Institute | | Αποαπ (ψ) | \$600.05 | | |
| | 00/00/2020 | | | φοσσ.σσ | | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Washington, DC 20001 | | | | | |
| | | | oliti | cal | contri | ibution returned to file | ar |
| | | Travel Reimbursement | JOILL | cai | COILLI | ibution returned to life | 51 |
| | | | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 10/10/2023 | National Civil Justice Institute | | | | | \$659.10 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Washington, DC 20001 | | | | | |
| | | Purpose for which amount is received | oliti | cal | contri | ibution returned to file | er |
| | | Travel Reimbursement | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 09/19/2023 | Staples | | | | | \$11.68 |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | Address of person from whom difficult is received, Grey, State, Elp Seas | | | | | |
| | | | | | | | |
| | | Houston, TX 77007 | | | | | |
| | | | oliti | cal | contri | ibution returned to file | er |
| | | Returned Office Supplies | Jill | Jui | Join | | |
| | | от | | | | | |
| | | | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 35/35 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelly, Peter M. (The Honorable) 00080462 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Kelly, Peter (The Honorable) 8 Departure city or name of departure location 07/28/2023 Houston 9 Destination city or name of destination location 07/28/2023 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Air fare for NFJE Symposium Commercial Airplane