#### 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 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Peter M. NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 9 District 1

Forms provided by Texas Ethics Commission

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Version V4.1.0.d378aba0

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Kelly, Peter M. (The	Honorable)	<b>14</b> Filer ID 00080462	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the eholder's knowledge or tice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 10,750.00
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 5,259.22
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 8,512.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Ho	norable Peter M. Kelly	/
			of Candidate or Officehol	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 25
	ER NAM		19 Filer ID	(Ethics Commission Filers)
		er M. (The Honorable)	00080462	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 10,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 5,259.22
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.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,267.41

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/25
2	FILER NAME	M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080462
Ļ					
4	Date 03/22/2024	5 Full name of contributor	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/22/2024	Adler, Jim (Mr.)			\$2,500.00
		6 Contributor address; City; State Houston, TX 77027	ate; Zip Code		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Principal	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	Jim Adler &	Associates			
12	If contributor i Bill Adler	s a child, law firm of parent(s) (if ar	ny)	l	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	03/04/2024	Beckcom, Brian			\$1,500.00
		Contributor address; City; Sta	ate; Zip Code		··· <mark> </mark>
		Houston, TX 77057			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Partner	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	VB Attorney	S			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	02/29/2024	Broocks, Linda			\$100.00
		Contributor address; City; Sta	ate; Zip Code		
		Houston, TX 77002			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney Partner				
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Kean Miller	LLP			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		

	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: 2/7 Rpt: 5/25
2	FILER NAME Kelly, Peter	M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080462
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Shareholder		
10	Contributor's of Daly and Bla	employer/law firm ack		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)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
02/29/2024 Calili, Ranald  Contributor address; City; State; Zip Code		•	\$500.00			
		Pearland, TX 77581				
Contributor's Principal Occupation Contributor's Job Title						
Attorney Principal						
Contributor's employer/law firm  Law firm of contributor's spou					oous	se (if any)
		f R. Scott Calili, PLLC	<b>5</b> a.a. A			
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/01/2024	Craft, J. Hunter (Mr.)				\$1,000.00
		Contributor address; City;  Houston, TX 77019	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
Attorney Principal						
Contributor's employer/law firm  Law firm of contributor's s			oous	se (if any)		
	Craft Law Fi	rm, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	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: 3/7 Rpt: 6/25
2	FILER NAME Kelly, Peter	M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080462
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77040				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Principal		
10	Contributor's of The Garth La	employer/law firm aw FIrm		11 Law firm of contributor's sp	ous	se (If any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/07/2024 Hagans, Fred  Contributor address; City; State; Zip Code				\$500.00	
		Houston, TX 77006		I 0 17 1 1 1 77		
Contributor's Principal Occupation  Attorney  Contributor's Job Title  Principal						
Attorney Principal  Contributor's employer/law firm Law firm of contributor's sp				00119	se (if any)	
	Hagans, P.C	, ,		Law min or contributor 5 of	,ou	oo (ii aiiy)
		s a child, law firm of parent(s) (i	f any)			
	William G. H	agans				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
02/29/2024 Higgins, Sean  Contributor address; City; State; Zip Code  Houston, TX 77019		•	\$150.00			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney Partner					
	Contributor's employer/law firm  Law firm of contributor's s			ous	se (if any)	
Lewis Brisbois						
	If contributor is	s a child, law firm of parent(s) (i	fany)	•		

	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: 4/7 Rpt: 7/25
2	FILER NAME Kelly, Peter	M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080462
4	Date 03/02/2024	<ul><li>5 Full name of contributor Hughes, Roger (Mr.)</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Harlingen, TX 78550-49	67			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Of Counsel		
10	Contributor's 6 Adams & Gr	employer/law firm aham LLP		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
03/02/2024 Klitsas, Loren  Contributor address; City; State; Zip Code			\$500.00			
		Spring, TX 77379				
	Contributor's Principal Occupation Contributor's Job Title					
Attorney Partner						
Contributor's employer/law firm  Law firm of contributor's spouse					se (if any)	
	Klitsas and \					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/01/2024	Lawler, Sharon				\$500.00
		Contributor address; City; S  Davis, CA 95616	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired Retired					
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
Retired						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	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: 5/7 Rpt: 8/25	)1:
2	FILER NAME	M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080462	_
4 Date 03/01/2024   5 Full name of contributor  out-of-state PAC (ID#:		)	7 Amount of Contribution (\$) \$250.0	)0		
		Sugar Land, TX 77478				
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•	_
	Attorney			Principal		
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)	
	The Leon La					
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	=
	02/27/2024	Loftis, James		/	\$50.0	20
	0_,,_0		State: 7in Code			
		Contributor address; City;	State, Zip Code			
		Houston, TX 77002				
	Contributor's	Principal Occupation		Contributor's Job Title		_
	Attorney			Partner		
-	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	_
	Vinson & Ell					
			f any)			_
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	=
	03/04/2024	Miller, Adam	<del></del>		\$250.0	)0
		Contributor address; City;	State: Zip Code		·····	
		, , <b>,</b> ,	, ,			
		Houston, TX 77056				
	Contributor's	Principal Occupation		Contributor's Job Title	•	
	Attorney			Principal		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	Miller Law L	LP				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
_						

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains how to	complete this f	orm.	1	ges Schedule A(J)1: 7 Rpt: 9/25	
2	FILER NAME Kelly, Peter	M. (The Honorable)			3 Filer ID 000804	(Ethics Commissio	n Filers)
4	Date 03/01/2024  5 Full name of contributor out-of-state PAC (ID#:) Perkins, Dan  6 Contributor address; City; State; Zip Code			7 Amount	of Contribution (\$)	\$100.00	
8	Contributor's F	Greenville, TX 75402 Principal Occupation		9 Contributor's Job Title	<u> </u>		
Ŭ	Attorney	imolpai occupation		Partner			
10	Contributor's	employer/law firm kins Law Group		11 Law firm of contributor's sp	oouse (if any)		
12		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
03/01/2024 Reagan, Sean  Contributor address; City; State; Zip Code				(,,	\$500.00		
Houston, TX 77079  Contributor's Principal Occupation  Contributor's Job Title				<u> </u>			
Attorney Principal							
Contributor's employer/law firm  Law firm of contributor's spo					nouse (if any)		
	The Reagan						
		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
03/01/2024 Riley, Tim  Contributor address; City; State; Zip Code  Houston, TX 77007				\$250.00			
	Contributor's I	Principal Occupation		Contributor's Job Title			
Attorney Principal							
Contributor's employer/law firm Law firm of contributor's s			ouse (if any)				
	Tim Riley, La	awyer, PC					
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/25
2	FILER NAME Kelly, Peter	M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080462
4	Date 03/02/2024	<ul><li>5 Full name of contributor</li><li>Tilton, Michael</li><li>6 Contributor address; City; \$</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77004				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Partner		
10	Contributor's e Tilton & Tilto	employer/law firm In LLP		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
03/07/2024 Ware, Jackson, Lee, O'Neill, Smith & Barrow, LLP  Contributor address; City; State; Zip Code				\$500.00		
_	Contributor's F	Houston, TX 77019		Contributor's Job Title	_	
Contributor's Principal Occupation Contributor's Job Title						
Contributor's employer/law firm  Law firm of contributor'					oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/01/2024	White, Brian	_			\$500.00
		Contributor address; City; s  Houston, TX 77025	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney	Attorney Principal				
Contributor's employer/law firm  Law firm of contributor's s				oous	se (if any)	
Attorney Brian White						
	If contributor is	s a child, law firm of parent(s) (if	any)			

#### 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
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Candidate/Officeholder	The Instruction Guide explains how to complete this form.
1 Total pages Schedul	e F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/13 Rpt: 11	/25 Kelly, Peter M. (The Honorable) 00080462
4 Date	5 Payee name
03/22/2024	AT&T
6 Amount (\$) \$4:	7 Payee address; City; State; Zip Code 208 S. Akard St  Dallas, TX 75202
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 Campaign Telecommunications
Complete ONLY if di expenditure to benef	
Date	Payee name
04/22/2024	AT&T
Amount (\$) \$4	Payee address; City; State; Zip Code  208 S. Akard St  Dallas, TX 75202
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  Campaign Telecommunications
Complete ONLY if di expenditure to benef	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
05/22/2024	AT&T
Amount (\$)	Payee address; City; State; Zip Code  208 S. Akard St
	Dallas, TX 75202
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  Campaign Telecommunications
Complete ONLY if di expenditure to benef	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 2/13 Rpt: 12/25	Kelly, Peter M. (The Honorable)
4	Date	5 Payee name
	06/24/2024	AT&T
6	Amount (\$) \$43.70	7 Payee address; City; State; Zip Code 208 S. Akard St  Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Campaign Telecommunications
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2024	Allied Cab
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.69	810 Versailles Ct
	DUDDOG	Houston, TX 77015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel queside of Taylor Camplete Schedule T
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel from Airport
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$321.05	1340 Poydras Street
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit Card Processing Fees 2/25- 6/30/2024
		Great Gard 1 100033111g 1 003 2/20 0/30/2024
	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 Comm 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 3/13 Rpt: 13/25	Kelly, Peter M. (The Honorable)  00080462
4	Date	5 Payee name
	06/29/2024	Buenos Aires Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.65	1201 E 6th Street
		A . ('. T.V. 70700
		Austin, TX 78702
8	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
		Travel meal for SCAC meeting
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/16/2024	El Premio Tex-Mex
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.60	3500 S Terminal Rd
		C34
		Houston, TX 77032
	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  Travel Meal
		Traver Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/28/2024	Fairmont Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.45	101 Red River St
		Austin, TX 78701
	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  Travel Refreshments for Austin CLE
		Travel New Collins for August GEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/13 Rpt: 14/25	Kelly, Peter M. (The Honorable) 00080462
4	Date	5 Payee name
	03/08/2024	First Step Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	3519 E Walnut
		Unit 3465
		Pearland, TX 77588
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Sign Placement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	Data	
	Date 03/17/2024	Payee name Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	1576 W Gray St
		Houston, TX 77019
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	06/11/2024	Pimlico Irish Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.50	810 Waugh Drive
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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		Travel Out of District OTHER (enter a category not listed above)
-	Total pages Cabadula E4:	<u>,                                      </u>	3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 5/13 Rpt: 15/25	Kelly, Peter M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080462
4	Date	5 Payee name	
	05/16/2024	San Francisco Taxicab	
6	Amount (\$) \$71.28	7 Payee address; City; State; Zip Code 2121 Evans Ave # A	
		San Francisco, CA 94124	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel out of District	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		I — I —	ALI Conference
		Commute for	ALI COMOTOTICE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
_	Date	Davis nome	
	03/29/2024	Payee name	
		Stander, Margot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	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	outside of Texas. Complete Schedule T.
		,	, TX, officeholder living expense
		Luncheons	ent for Intern Meals and HBA
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/22/2024	Texas Appleseed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$266.97	1609 Shoal Creek Blvd.	
		Suite 201	
		Austin, TX 78701	
	PURPOSE	I .	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Charitable Do	onation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	

### 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

	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: 6/13 Rpt: 16/25	Kelly, Peter M. (The Honorable) 00080462
4	Date	5 Payee name
	04/24/2024	Texas Board of Legal Specialization
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	505 E. Huntland Drive
		Suite 400, LB 28
		Austin, TX 78752
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Texas Board of Legal Specialization Renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/26/2024	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 12070
	Ψ300.00	FO BOX 12070
		Austin, TX 78711-2070
	DUDDOG	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		TEC Late Filing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/14/2024	The American Law Institute
	Amount (\$)	Payee address; City; State; Zip Code
	\$690.00	4025 Chestnut St
		Philadelphia, PA 19104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		ALI Conference Registration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	•	

### 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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 17/25	Kelly, Peter M. (The Honorable)		00080462
4	Date	5 Payee name		
	06/24/2024	The Otis Hotel		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$10.58	1901 San Antonio Street		
		Austin, TX 78705		
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  Travel Refreshments for SCAC meeting
				Traver Refreshments for SCAC meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
ľ	expenditure to benefit C/OI			Cince Hold
H	Date	Payee name		
	05/22/2024	The University Club of San Francisco		
	Amount (\$)	Payee address; City; State; Zip Cod	<u></u>	
	\$848.58	800 Powell St	IC	
	Ψ040.30	ood Fowell St		
		San Francisco CA 04100		
	DUDD005	San Francisco, CA 94108	,, <u>, , , , , , , , , , , , , , , , , ,</u>	
	PURPOSE OF	, ,	(a)	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 Conference
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	7		
	Date	Payee name		
	05/24/2024	Treebeards		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$35.72	1117 Texas Ave.		
		Houston, TX 77002		
	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  Staff Lunch
				Stan Euricii
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			Office Hold

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
l	Sch: 8/13 Rpt: 18/25	Kelly, Peter M. (The Honorable)		00080462
4	Date	5 Payee name		<u> </u>
	06/26/2024	Treebeards		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$25.98	1117 Texas Ave.		
		Houston, TX 77002		
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  Intern Lunch
				mem cunon
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
ľ	expenditure to benefit C/OI		,,,,,	Office field
H	Date	Payee name		
l	06/20/2024	Treebeards		
┝	Amount (\$)	Payee address; City; State; Zip Coo	10	
l	\$38.97	1117 Texas Ave.	ic	
	Ψ00.31	1111 16/46/100.		
		Houston, TX 77002		
┝	PURPOSE		(h)	Description.
l	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/beverage Expense		Check if Austin, TX, officeholder living expense
				Staff Lunch
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
L				
l	Date	Payee name		
	03/02/2024	UPS Store		
l	Amount (\$)	Payee address; City; State; Zip Coc	de	
l	\$384.00	1302 Waugh		
		Houston, TX 77019		
l	PURPOSE OF	,	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Mailbox Renewal
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		
Г				

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Great Cara r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/13 Rpt: 19/25	Kelly, Peter M. (The Honorable)	00080462
4	Date	5 Payee name	
	05/20/2024	Uber Technologies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.94	1515 3rd Steet	
		San Francisco , CA 94158	
_	PURPOSE	<u> </u>	
8	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel of the control of the contr	outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or District	TX, officeholder living expense
		ALI Conference	ce Commuting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/19/2024	Uber Technologies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.13	1515 3rd Steet	
	Ψ21.13	1010 014 01661	
		Con Francisco CA 04150	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Taylor Complete Cahadula T
	EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T. TX, officeholder living expense
			ce Commuting
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/19/2024	Uber Technologies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.94	1515 3rd Steet	
	Ф13.94	1313 Situ Steet	
		Con Francisco CA 04150	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	untaide of Taylor Convention Cabadula T
	EXPENDITURE	Traver out of bistrict	outside of Texas. Complete Schedule T. TX, officeholder living expense
			ce Commuting
			<b>3</b>
	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 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 10/13 Rpt: 20/25	Kelly, Peter M. (The Honorable) 00080462
4	Date	5 Payee name
	05/19/2024	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.70	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  ALI Conference Commuting
		/ Li Conterence Communing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/19/2024	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.31	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
		ALI Conference Commuting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/19/2024	Uber Technologies
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.64	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		ALI Conference Commuting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The	e Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	FILER NAME				3	ı	Filer ID	(Ethics Commission F	-ilers)
	Sch: 11/13 Rpt: 21/25	Kelly, Peter M.	(The Honorable	)			(	00080462		
4	Date	Payee name								
	05/22/2024	Uber Technolo	gies							
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$55.98	1515 3rd Steet								
		San Francisco	, CA 94158							
8	PURPOSE		ategories listed at the top	of this sabadula)	(b)	Description				
	OF	Travel Out of D		of this schedule)	( )	Check if travel outs	side	e of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin, TX				
						Commute for Al	LI	Conference	е	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name	Office sou	ight			Office he	eld	
	experience to borion 670									
	Date	Payee name								
	06/28/2024	Uber Technolo	gies							
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$8.58	1515 3rd Steet								
		San Francisco	, CA 94158							
	PURPOSE	Category (See Ca	ategories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of D		,		Check if travel outs				
	LAI LINDITORE					Check if Austin, TX			expense	
						Commute for A	us	Stin CLE		
	Complete ONLY if direct			Office				Office he	.ia	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name	Office sou	ignt			Office he	eid	
	Date	Payee name								
	06/28/2024	Uber Technolo	gies							
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$10.90	1515 3rd Steet								
		San Francisco	, CA 94158							
	PURPOSE	Category (See Ca	ategories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of D	District			Check if travel outs				
						Check if Austin, TX		_	expense	
						Commute for Al	นร	ouii CLE		
	Complete ONLV if direct	Candidate/Officeh	older name	Office co.	labt			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/O	zai iuiuate/Onicen	oluei Haille	Office sou	ıyıll			Office ne	สน	

### SCHEDULE F1

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

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

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: 12/13 Rpt: 22/25	Kelly, Peter M. (The Honorable) 00080462
4	Date	5 Payee name
	06/28/2024	Uber Technologies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.94	1515 3rd Steet
		San Francisco , CA 94158
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
		Commute for Austin CLE
		Commute for Additin CLL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davies same
		Payee name United Airlines
	05/16/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	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 X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bag Fee for Travel to ALI Conference
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$468.20	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Flight to ALI Conference
_	Complete CNUV'' "	Condidate/Officeholder name
	Complete <u>ONLY</u> 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor,

pense Travel in District

xpense Travel Out of District

Vages/Contract Labor OTHER (enter a

	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: 13/13 Rpt: 23/25	Kelly, Peter M. (The Honorable) 00080462	
4	Date	5 Payee name	
	05/17/2024	Walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.64	300 Montgomery St	
		San Francisco, CA 94104	
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  Travel Supplies for ALI Conference	
		Travel Supplies for ALL Sofficiones	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	=
	04/10/2024	Young, Deborah	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$500.00	301 Fannin Street	
		Houston, TX 77002	
-	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.	
	LAPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation for 1st Court Cheer Fund	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_			-

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/25 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelly, Peter M. (The Honorable) 00080462 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 06/25/2024 \$2,267.41 The American Law Institute 6 Address of person from whom amount is received; City; State; Zip Code Philadelphia, PA 19104 Purpose for which amount is received Check if political contribution returned to filer **Travel Reimbursements**

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 25/25
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Kelly, Peter M. (	The Honorable)	00080462
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee	
United Airlines		
5 Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
	Kelly, Peter (The Honorable)	
	8 Departure city or name of departure location	
05/16/2024	Houston	
	9 Destination city or name of destination location	
05/16/2024	San Francisco	
10 Means of transport	ration 11 Purpose of travel (including name of conference, seminar, or	other event)
Baggage Fees	ALI Conference	
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee	
United Airlines		
Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
Dates of Travel	Name of person(s) traveling	
	Kelly, Peter (The Honorable)	
	Departure city or name of departure location	
05/16/2024	Houston	
	Destination city or name of destination location	
05/16/2024	San Francisco	
Means of transport	ration Purpose of travel (including name of conference, seminar, or	other event)
Commercial Airp	lane Travel to the American Legal Institute Conference in S	an Francisco
	<u> </u>	