FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016924 3 COMMITTEE NAME **OFFICE USE ONLY** Kelly Hart & Hallman PAC Date Received **ELECTRONICALLY FILED** 06/25/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 201 Main Street, Suite 2500 Fort Worth, TX 76102 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Dee J. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Kelly Jr. CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 201 Main Street, Suite 2500 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 201 Main St., Ste. 2500 MAILING **ADDRESS** Fort Worth, TX 76102 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-2500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2025 06/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	13 Filer ID (Ethics Commission Filers)	
Kelly Hart & Hallman PAC 00			0001692	24	
ACTIVITY (Identify	handidates by name or, if le, classify by party.) A.	Supported Brett Busby Supreme Court J	lustice		
(Attach lists on plain paper to complete this report if necessary.)	В.	Opposed			
(Describ	be by date and location on and nature of issue.)	Supported			
	B.	Opposed			
As (Identify	ficeholders sisted by name or, if le, classify by party.)				
TOTALS PL	EDGES, LOANS, OR ONTRIBUTIONS MAD	DLITICAL CONTRIBUTIONS (OTHER THAN GUARANTEES OF LOANS, OR E ELECTRONICALLY) lifies for the higher itemization threshold	\$	0.00	
	OTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$	10,000.00	
EXPENDITURE 3. TO TOTALS	TAL UNITEMIZED PO	DLITICAL EXPENDITURES	\$	0.00	
4. TC	OTAL POLITICAL E	XPENDITURES	\$	10,000.00	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	12,161.71	
	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00	
.6 AFFIDAVIT					
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Dee	J. Kelly Jr.		
		Signature of Ca		surer	
AFFIX NOTARY STAME	P / SEAL ABOVE				
		, t	his the	day	
of, 20	, to certify whic	ch, witness my hand and seal of office.			
Signature of officer administer	ring oath Prir	nted name of officer administering oath	Title of of	fficer administering oath	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 5
17 COMMITTEE NAME Kelly Hart & Hallman PAC	18 Filer ID 00016924	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 10,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$

TARY POLITICAL CONTRIBUTI	SCHEDULE A1	
uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
E & Hallman PAC	3 Filer ID (Ethics Commission Filers) 00016924	
 Full name of contributor out-of-state PAC (ID: Kelly Hart & Hallman LLP Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$10,000.0	
Fort Worth, TX 76102		
cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Laction Guide explains how to complete this Hallman PAC Full name of contributor out-of-state PAC (ID Kelly Hart & Hallman LLP) Godon Contributor address; City; State; Zip Code Fort Worth, TX 76102	Hallman PAC 5 Full name of contributor out-of-state PAC (ID#:) Kelly Hart & Hallman LLP 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	.: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Kelly Hart & Hallman PAC	00016924
4 Date	5 Payee name	
06/12/2025	Brett Busby Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,000.00	P.O. Box 417	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.
EXPENDITORE		tin, TX, officeholder living expense
	Political cor	ntribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held