

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00082085	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Chari L.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Kelly	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	The Honorable	Chari				
	NICKNAME	LAST Kelly	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 850-6914	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 11/03/2026		Day	ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 3 District 3			12 OFFICE SOUGHT (if known) Supreme Court Justice Place 2		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

2 of 16

13 C / OH NAME	Kelly, Chari L. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00082085												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,549.67												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 8,088.78												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 74,327.87												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">The Honorable Chari L. Kelly</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 16

<b>18</b> FILER NAME Kelly, Chari L. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00082085
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 1,413.25	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 136.42	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 8,088.78	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 12.44	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/16	
<b>2</b> FILER NAME Kelly, Chari L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00082085	
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan	<b>7</b> Amount of Contribution (\$) \$1,030.00	
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756-1329		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Retired	
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/29/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jane Contributor address; City; State; Zip Code  Austin, TX 78749-4042	Amount of Contribution (\$) \$25.75
Contributor's Principal Occupation Paralegal		Contributor's Job Title Senior Patent Paralegal	
Contributor's employer/law firm Thermo Fisher Scientific		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keeffe, Cynthia Contributor address; City; State; Zip Code  San Antonio, TX 78218-1717	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Retired	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/16
<b>2</b> FILER NAME Kelly, Chari L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00082085
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Debra ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-4643	<b>7</b> Amount of Contribution (\$) \$257.50
<b>8</b> Contributor's Principal Occupation Business Manager		<b>9</b> Contributor's Job Title Trustee
<b>10</b> Contributor's employer/law firm Jones Family Farm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 6/16
<b>2</b> FILER NAME Kelly, Chari L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00082085
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 11/23/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Brandy Wingate Voss, PLLC  <b>7</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$131.44 food, beverages and hospitality at petition signing party  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Brandy Wingate Voss, PLLC  Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of contribution (\$) <b>9</b> In-kind contribution description \$4.98 Sending signed petitions from Edinburg to Austin  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/8 Rpt: 7/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 11/14/2025	5 Payee name AYLA Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 816 Congress Ave. Ste 700  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tailgate for a Cause event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Antidefamation League	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 605 Third Avenue  New York, NY 10158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Austin AFL-CIO Council	
Amount (\$) \$61.00	Payee address; City; State; Zip Code PO Box 87  Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/8 Rpt: 8/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 11/24/2025	5 Payee name Austin-Bergstrom Airport	
6 Amount (\$) \$35.00	7 Payee address; City; 3600 Presidential Ave  Austin, TX 78719	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Cidercade	
Amount (\$) \$230.75	Payee address; City; 600 E Riverside Dr  Austin, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Third Court Holiday Party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Constant Contact	
Amount (\$) \$85.28	Payee address; City; 1601 Trapelo Rd  Waltham, MA 02451	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/8 Rpt: 9/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 11/14/2025	5 Payee name Constant Contact	
6 Amount (\$) \$85.28	7 Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Constant Contact	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Constant Contact	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/8 Rpt: 10/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 08/14/2025	5 Payee name Constant Contact	
6 Amount (\$) \$5.33	7 Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Constant Contact	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Constant Contact	
Amount (\$) \$2.58	Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/8 Rpt: 11/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID 00082085	(Ethics Commission Filers)
4 Date 11/04/2025	5 Payee name Cornerstone Payment Systems		
6 Amount (\$) \$41.49	7 Payee address; City; 17822 17th St  Tustin, CA 92780	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit-card processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/03/2025	Payee name Cornerstone Payment Systems		
Amount (\$) \$0.77	Payee address; City; 17822 17th St  Tustin, CA 92780	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit-card processing fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/09/2025	Payee name FedEx Office		
Amount (\$) \$21.51	Payee address; City; 942 South Shady Grove Road  Memphis, TN 38120	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions for filing for office	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/8 Rpt: 12/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 09/05/2025	5 Payee name GoDaddy.com	
6 Amount (\$) \$306.62	7 Payee address; City; State; Zip Code 100 S Mill Ave Suite 1600  Tempe, AZ 85281	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web and email hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Hays County Bar Association	
Amount (\$) \$400.00	Payee address; City; State; Zip Code P.O. Box 1148  Dripping Springs, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bench Bar Conference Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Numero, Inc.	
Amount (\$) \$1,118.00	Payee address; City; State; Zip Code 2533 S. Troy Street  Chicago, IL 60623	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign CRM software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/8 Rpt: 13/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 12/17/2025	5 Payee name Randall's #2477	
6 Amount (\$) \$412.52	7 Payee address; City; 14610 Memorial Drive  Houston, TX 77079	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Third Court holiday party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Southwest Airlines	
Amount (\$) \$411.66	Payee address; City; 2702 Love Field Drive  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare to McAllen for petition gathering party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Texas Democratic Party	
Amount (\$) \$3,750.00	Payee address; City; P.O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/8 Rpt: 14/16	2 FILER NAME Kelly, Chari L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082085
4 Date 10/15/2025	5 Payee name United States Postal Service	
6 Amount (\$) \$105.00	7 Payee address; City; 475 L'Enfant Plaza Sw  Washington, DC 20260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Shipping	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/26/2025	Payee name Williamson County Democratic Party	
Amount (\$) \$250.00	Payee address; City; 1915 S. Austin Avenue  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor awards dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 15/16</p>
<p><b>2</b> FILER NAME Kelly, Chari L. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00082085</p>
<p><b>4</b> Date 07/23/2025</p>	<p><b>5</b> Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205</p>	<p><b>8</b> Amount (\$) \$2.57</p>
	<p><b>7</b> Purpose for which amount is received Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/22/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205</p>	<p>Amount (\$) \$2.66</p>
	<p>Purpose for which amount is received Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/23/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205</p>	<p>Amount (\$) \$2.70</p>
	<p>Purpose for which amount is received Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/23/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205</p>	<p>Amount (\$) \$1.99</p>
	<p>Purpose for which amount is received Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/25/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205</p>	<p>Amount (\$) \$1.61</p>
	<p>Purpose for which amount is received Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

## SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 16/16
<b>2</b> FILER NAME  Kelly, Chari L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers)  00082085
<b>4</b> Date  12/22/2025	<b>5</b> Name of person from whom amount is received  Frost Bank	<b>8</b> Amount (\$)  \$0.91
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
<b>7</b> Purpose for which amount is received  Account Interest	<input type="checkbox"/> Check if political contribution returned to filer	