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)

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Kelly MI	**OFFICE USE ONLY**

NICKNAME   LAST Cross   SUFFIX

Date Received

RECEIVED
FEB 23 2026
BY: Rtodd

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
PO Box 32   Seadrift Tx 77983

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (2W)   PHONE NUMBER 379-7631   EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST Holly   MI

NICKNAME   LAST Morales   SUFFIX

Receipt #   Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE
606 W. Baltimore   Seadrift Tx   77983

8 CAMPAIGN TREASURER PHONE

AREA CODE (361)   PHONE NUMBER 648-6102   EXTENSION

9 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☒ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 1 / Day 23 / Year 2026   THROUGH   Month 2 / Day 21 / Year 2026

11 ELECTION

ELECTION DATE
Month 3 / Day 3 / Year 2026

ELECTION TYPE
☒ Primary
☐ General
☐ Runoff
☐ Special
☐ Other Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
CCL #1

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 JC/OH NAME	Kelly Cross	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2000
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2377.46
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 372.54
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 SIGNATURE   I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of Feb _____,

20 26 _____, to certify which, witness my hand and seal of office.

_____   _____   _____
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kelly M Cross , and my date of birth is 7-23-1958 .

My address is PO Box 32 , Seadrift , TX , 77983 , .
(street) (city) (state) (zip code) (country)

Executed in Calhoun County, State of Texas , on the 23 day of Feb , 20 26 .
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Kelly Cross	

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2000
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2377 ^{46}
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A(J)1: 1

2 FILER NAME Kelly Cross

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:_____	**7** Amount of contribution ($)
2-10-2026	Miguel Dilley	$ 1000
	6 Contributor address; City; State; Zip Code	
	Lot 6 Grandview Pl. SAT 78209	

8 Contributor's principal occupation	**9** Contributor's job title
Attorney	Attorney

10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Dilley Law Firm	N/A

12 If contributor is a child, law firm of parent(s) (if any) N/A

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
2-10-2026	Agnes + Douglas Dilley	$ 1000
	Contributor address; City; State; Zip Code	
	635 S. Mesa St SAT 78210	

Contributor's principal occupation	Contributor's job title
Attorney	Attorney

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Dilley Law Firm	N/A

If contributor is a child, law firm of parent(s) (if any) N/A

Date	Full name of contributor ☐ out-of-state PAC ID#:_____	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Contributor's principal occupation	Contributor's job title

Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Kelly Cross	3 Filer ID (Ethics Commission Filers)

4 Date 2-11-2026	5 Payee name James Hairell	

6 Amount ($) 1000	7 Payee address; 1009 W. Broadway, Seadrift	City;	State; Ty	Zip Code 77983

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Install signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought CCL #1	Office held

Date 2-14-2026	Payee name Kelly Cross		

Amount ($) 1377.46	Payee address; PO Box 32	City; Seadrift	State; Tx	Zip Code 77985

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Printing/advertising expenss

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kelly Cross	Office sought CCL #1	Office held

Date	Payee name		

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED