

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Kelly</i>	MI <i>M</i>		
	NICKNAME	LAST <i>Cross</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>P.O. Box 32 Seadrift Tx 77983</i>				
<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(210)</i>	<i>379-7631</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Holly</i>	MI		
	NICKNAME	LAST <i>Morales</i>	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE
	<i>606. W. Baltimore Seadrift Tx 77983</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(361)</i>	<i>648-6102</i>			
9 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)	
10 PERIOD COVERED	Month	Day	Year	Month	Day
	<i>11</i>	<i>04</i>	<i>2025</i>	<i>12</i>	<i>31</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
<i>03/03/2026</i>			<input type="checkbox"/> General	<input type="checkbox"/> Other Description	
<input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	<i>-</i>		<i>Calhoun City Court At Law #1</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

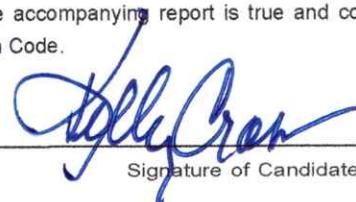
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME	<i>Kelly Cross</i>		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)	\$ <i>250</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>250</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>51.95</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>250.00</i>	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-</i>	
OUTSTANDING LOAN TOTALS			

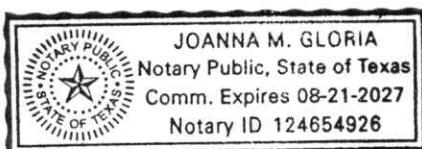
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kelly Cross* this the 10th day of January,

20 2026, to certify which, witness my hand and seal of office.

*Joanna M. Gloria*  
Signature of officer administering oath

*Joanna M. Gloria*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

*[Signature]* Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Kelly Cross</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 82.95	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

**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  <i>Kelly Cross</i>		3 Filer ID (Ethics Commission Filers)																
4 Date  <i>12/16/2025</i>	5 Full name of contributor  <i>F. M. Oei Ballard</i>	6 Contributor address; City; State; Zip Code  <i>9706 IH 35N San Antonio Tx 78233</i>																
8 Contributor's principal occupation  <i>Attorney</i>		9 Contributor's job title  <i>Attorney</i>																
10 Contributor's employer/law firm  <i>Law office of Fungmay Mirah Oei-Ballard</i>		11 Law firm of contributor's spouse (if any)  <i>-</i>																
12 If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor  .....</td> <td>□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of contributor  .....	□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code	Amount of contribution (\$)	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)			
Date	Full name of contributor  .....	□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code	Amount of contribution (\$)															
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)																		
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor  .....</td> <td>□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of contributor  .....	□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code	Amount of contribution (\$)	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)			
Date	Full name of contributor  .....	□ out-of-state PAC ID#: _____  Contributor address; City; State; Zip Code	Amount of contribution (\$)															
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 PERSONAL FUNDS

## SCHEDULE G

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

### 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Kelly Cross	-	
4 Date	5 Payee name		
12/29/2025	office Depot		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	5106 N. Navarro St	Victoria Tx 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	cards	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kelly Cross	Court At law#1	-
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

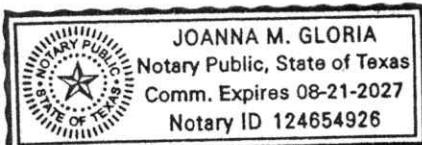
Filer name <i>Kelly Cross</i>	Filer ID #
----------------------------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the campaign report due on 1-15-2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by Kelly Cross

this the 6th day of January,

2026, to certify which, witness my hand and seal of office.

Joanna M. Gloria  
Signature of officer administering oath

Joanna M. Gloria  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**