

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST _____ MI _____ Chelsea NICKNAME _____ LAST _____ SUFFIX _____ Kelly	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5148 Tortola Ln Ft. Worth TX 76244	Date Received 4/2/2025	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 851-3535	Date Hand-delivered or Date Postmarked 4/2/2025	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST _____ MI _____ Michelle NICKNAME _____ LAST _____ SUFFIX _____ Mele	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5204 Gadsden Ave. Ft. Worth TX 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 399-0232		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Year 1 / 21 / 25      THROUGH      3 / 24 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Keller ISD Trustee Pl. 3	13 OFFICE SOUGHT (if known) Keller ISD Trustee Place 3	
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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>Chelsea Kelly</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>1025.</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3040.-</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>223.24</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,036.05</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,805.69</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Chelsea Kelly*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 *Chelsea Kelly*, and my date of birth is *9/15/84*  
 My address is *5148 Tortola Ln*, *KF. Worth*, *TX*, *76024*, *Tarrant*  
(street) (city) (state) (zip code) (country)  
 Executed in *Tarrant* County, State of *Texas*, on the *2* day of *April*, 20 *25*.  
(month) (year)  
*Chelsea Kelly*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Chelsea Kelly</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,040.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,025.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,036.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 223.76
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <u>11</u>
2 FILER NAME <u>Chelsea Kelly</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/24/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Courtney Johnson</u>	7 Amount of contribution (\$) <u>\$25</u>
6 Contributor address; City; State; Zip Code <u>10317 Rotah Trail Ft.W TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kijika Cross</u>	Amount of contribution (\$) <u>\$50</u>
Contributor address; City; State; Zip Code <u>12409 Dogwood Springs Ftw TX 76244</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ryan Hogan</u>	Amount of contribution (\$) <u>\$5</u>
Contributor address; City; State; Zip Code <u>2819 Matera Plz. Ft.W TX 76177</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leah Dimmitt</u>	Amount of contribution (\$) <u>\$5</u>
Contributor address; City; State; Zip Code <u>13105 Larks View Pt. Ft.W TX 76244</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/25/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tracy Johnson</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>6212 Savannah Oak Trl. Flower Mound TX 76226</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/26/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carri Scott</i>	Amount of contribution (\$) <i>\$25.-</i>
Contributor address; City; State; Zip Code <i>4604 Brimstone Dr Ft.W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Ibarra</i>	Amount of contribution (\$) <i>\$30</i>
Contributor address; City; State; Zip Code <i>4845 Aidan Ct. Ft.W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/17/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nicholas Trzeciak</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>3808 Apple Springs Dr. Ft.W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ryan Hogan</i>	7 Amount of contribution (\$) <i>\$10</i>
6 Contributor address; City; State; Zip Code <i>2817 Matera Plz. #215 Ft.W TX 76177</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holli Sujaat</i>	Amount of contribution (\$) <i>\$20</i>
Contributor address; City; State; Zip Code <i>4209 Greenwood Way Ft.W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Komisarz</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>6028 Curmona Trl. Ft.W TX 76123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jill Michener</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4924 Fiusche St. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>2/14/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christa McCord</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>9816 Crosswell St Ft.W TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Webster</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>12725 Travers TR TX Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandy Clegg</i>	Amount of contribution (\$) <i>\$30</i>
Contributor address; City; State; Zip Code <i>4020 Volk Ct Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly McCormack</i>	Amount of contribution (\$) <i>\$20</i>
Contributor address; City; State; Zip Code <i>11201 Park Vista Blvd. #1250 Ft.W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>3/1/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Boyd</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>9705 Rancho Dr Ft.Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lesley White</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>300 King Trl. Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Callahan</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>9617 Croswell St FT.W. TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Sloan</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>9600 Flatiron St Ft.Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>3/1/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karina Segovia</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>5113 Vieques Ln Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nash Paradise</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>1219 Rancho Serena Dr. Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alexandra Rogers</i>	Amount of contribution (\$) <i>\$10</i>
Contributor address; City; State; Zip Code <i>14729 Blanco Bistro &amp; Haslet TX 76052</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Britney McCormick</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>4804 Cliburn Dr Ft. W TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maya Nayar</i>	7 Amount of contribution (\$) <i>\$ 100</i>
6 Contributor address; City; State; Zip Code <i>5136 Vieques Ln Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melyssa Price</i>	Amount of contribution (\$) <del>\$100</del> <i>\$ 10</i>
Contributor address; City; State; Zip Code <i>7109 Wayfarer Tr. Ft. Worth TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Strack</i>	Amount of contribution (\$) <i>\$ 50</i>
Contributor address; City; State; Zip Code <i>10344 Barbuda Tr Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Travis Clegg</i>	Amount of contribution (\$) <i>\$ 100</i>
Contributor address; City; State; Zip Code <i>4020 Volk Ct. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>3/5/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Than</i>	7 Amount of contribution (\$) <i>\$35</i>
6 Contributor address; City; State; Zip Code <i>5128 Vieques Ln Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Faye Cocchiara</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>5144 Tortola Ln Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Campos</i>	Amount of contribution (\$) <i>\$15</i>
Contributor address; City; State; Zip Code <i>10412 Barbuda Tr. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Miller</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>9708 Bowman Dr Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Courtney Johnson</i>	7 Amount of contribution (\$)  <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>10317 Roodan Trail Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/21/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amber Richardson</i>	Amount of contribution (\$)  <i>\$50</i>
Contributor address; City; State; Zip Code <i>1025 Saffira Way McKinney TX 75071</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pierre Khoury</i>	Amount of contribution (\$)  <i>\$500</i>
Contributor address; City; State; Zip Code <i>5148 Tortola Ln Ft. W. TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gennady Tretyger</i>	Amount of contribution (\$)  <i>\$25</i>
Contributor address; City; State; Zip Code <i>5144 Ambergris Trl. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/24/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jane Cahill</i>	7 Amount of contribution (\$) <i>\$25</i>
6 Contributor address; City; State; Zip Code <i>2324 Stella Ln Northlake TX 76247</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Katja Magnus</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>5113 Tortola Ln Ft Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Courtney Johnson</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>10317 Roatan Trl Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theresa Sivertson</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>5101 Tortola Ln Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Chelsea Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/24/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Strack</i>	7 Amount of contribution (\$) <i>\$25</i>
6 Contributor address; City; State; Zip Code <i>10344 Barbuda Trl Ft. Worth TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/26/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Mele</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>5204 Gadsden Ave. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/27/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Thornburg</i>	Amount of contribution (\$) <i>\$75</i>
Contributor address; City; State; Zip Code <i>1536 Haupt Strasse Conover NC 28613</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/31/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maya Nayar</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>5136 Vieques Ln. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**LOANS**

**SCHEDULE E**

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 E: <b>1</b>
2 FILER NAME <b>Chelsea Kelly</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>1025.00</b>
5 Date of loan <b>1/24/25</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Jonathan Kelly</b>	9 Loan Amount (\$) <b>\$1025.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>5148 Tortola Ln Ft. Worth TX 76244</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>0</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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  | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Chelsea Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/13/25	<b>5</b> Payee name Sticker Bros	
<b>6</b> Amount (\$) \$1,740.13	<b>7</b> Payee address; City; State; Zip Code 3200 S Cravens Rd Ft. Worth TX 76119	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Yard and road signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/25	Payee name Wal Mart	
Amount (\$) 22.66	Payee address; City; State; Zip Code 5336 Golden Triangle Blvd. Ft. W. TX 76244	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description 5x7's for meet & greet
	<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 1/31/25	Payee name Printful	
Amount (\$) 273.26	Payee address; City; State; Zip Code 217 Wrangler Dr. Coppell TX 75019	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Shirt Printing
	<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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> Chelsea Kelly		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$ 223.26		
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution American Airlines Federal Credit Union		
<b>6 PAYMENT</b>	(a) Amount Charged \$ 188.35	(b) Date Expenditure Charged 1/22/25	(c) Date(s) Credit Card Issuer Paid 1/22/25
<b>7 PAYEE</b>	(a) Payee name Wix	(b) Payee address; City, State, Zip Code	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Chelsea Kelly	Office Sought Keller ISD Trustee Place 3	Office Held
<b>PAYMENT</b>	(a) Amount Charged \$ 34.91	(b) Date Expenditure Charged 1/22/25	(c) Date(s) Credit Card Issuer Paid 1/22/25
<b>PAYEE</b>	(a) Payee name Wix	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website Domain Name
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Chelsea Kelly	Office Sought Keller ISD Trustee Place 3	Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held

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