

# 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: <span style="font-size: 2em; vertical-align: middle;">7</span> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mrs. Chelsea                      N<br>NICKNAME                      LAST                      SUFFIX<br>Kelly   | <b>OFFICE USE ONLY</b>   |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>5148 Tortola Ln Ft. Worth TX 76244   | Date Received<br><br><span style="font-size: 1.5em; color: blue;">4/25/25</span>   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(817) 851-3535   | Date Hand-delivered or Date Postmarked<br><span style="font-size: 1.5em; color: blue;">4/25/25</span>  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mrs. Michelle<br>NICKNAME                      LAST                      SUFFIX<br>Mele  | Receipt #  | Amount \$   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>5204 Gradsden Ave. Ft. Worth, TX 76244  |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(214) 399-0232   |  |   |
| 9 REPORT TYPE  | <input 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) <span style="float: right;">ck</span> |  |   |
| 10 PERIOD COVERED  | Month                      Day                      Year                      Month                      Day                      Year<br>03 / 25 / 2025                      THROUGH                      04 / 23 / 2025  |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br>05 / 03 / 25  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE  | OFFICE HELD (if any)<br>Keller ISD Trustee Pl. 3   | 13 OFFICE SOUGHT (if known)<br>Keller ISD Trustee Pl. 3  |   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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<br><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

|                                   |   |  |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>Chelsea Kelly</u> |   | 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)  | \$ 250                                 |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1600.50                             |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 455.19                              |
| OUTSTANDING LOAN TOTALS           | 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 9/15/1984  
 My address is 5148 Tortola Ln, Ft. Worth, TX, 76244 Tarrant  
(street) (city) (state) (zip code) (country)  
 Executed in Tarrant County, State of Texas, on the 23 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<br><i>Chelsea Kelly</i>     |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 250                                 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1600.50                             |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 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: <b>1</b>          |
| 2 FILER NAME<br><b>Chelsea Kelly</b>  |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>3/28/25</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sarah Plute</b> | 7 Amount of contribution (\$)<br><b>\$50</b> |
| 6 Contributor address; City; State; Zip Code<br><b>4216 Crawford Farms Ct Fort Worth TX 76244</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                |
| Date<br><b>3/30/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Black</b>   | Amount of contribution (\$)<br><b>\$50</b>   |
| Contributor address; City; State; Zip Code<br><b>9136 Tate Ave. Ft. Worth TX 76244</b>            |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date<br><b>4/1/25</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jim Plenti</b>    | Amount of contribution (\$)<br><b>\$100</b>  |
| Contributor address; City; State; Zip Code<br><b>4904 Hot Springs Tr. Ft. Worth TX 76244</b>      |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date<br><b>4/9/25</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rhonda Lane</b>   | Amount of contribution (\$)<br><b>\$50</b>   |
| Contributor address; City; State; Zip Code<br><b>9704 Rancho Dr Ft. Worth TX 76244</b>            |   |  |
| 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.

# 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<br>Chelsea Kelly   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>3/25/25  | <b>5</b> Payee name<br>Tractor Supply  |  |
| <b>6</b> Amount (\$)<br>\$91.39                                     | <b>7</b> Payee address; City; State; Zip Code<br>1701 N US Hwy 377 Roanoke TX 76262  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Ad. Expense   | <b>(b)</b> Description                       |
|   | <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<br>3/26/25   | Payee name<br>Costco   |  |
| Amount (\$)<br>\$58.64  | Payee address; City; State; Zip Code<br>8900 Tehama Ridge Pkwy Ft. Worth TX 76177  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Event Expense  | 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<br>4/2/25  | Payee name<br><del>Jonathan Kelly</del> Jonathan Kelly   |  |
| Amount (\$)<br>\$1025.-   | Payee address; City; State; Zip Code<br>5148 Tortola Ln Ft. Worth TX 76244   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Loan Repayment   | 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

# 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<br><i>Chelsea Kelly</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name<br><i>Axiom Coffee</i>   |  |
| <b>6</b> Amount (\$)<br><i>\$9.85</i>                               | <b>7</b> Payee address; City; State; Zip Code<br><i>4055 Golden Triangle Blvd. Ft. Worth TX 76244</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Food / Beverage Expense</i>  | <b>(b)</b> Description                       |
|   | <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<br><i>4/10/25</i>  | Payee name<br><i>Metro Mailer</i>  |  |
| Amount (\$)<br><i>\$292.28</i>                                      | Payee address; City; State; Zip Code<br><i>576 N Beach St. Ft. Worth TX 76111</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>   | Description<br><i>Push Cards</i>             |
|   | <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<br><i>4/13/25</i>  | Payee name<br><i>Good Party</i>  |  |
| Amount (\$)<br><i>\$10</i>  | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>   | 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               |

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# 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            | 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)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Chelsea Kelly</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>4/21/25</i>                                     | <b>5</b> Payee name<br><i>Wal Mart</i>   |  |
| <b>6</b> Amount (\$)<br><i>\$60.45</i>                              | <b>7</b> Payee address; City; State; Zip Code<br><i>5336 Golden Triangle Blvd. Ft. Worth TX 76244</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>  | <b>(b)</b> Description<br><i>Shirts</i>      |
|   | <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<br><i>4/21/25</i>                                     | Payee name<br><i>Wal Mart</i>   |                                |
| Amount (\$)<br><i>\$52.89</i>                              | Payee address; City; State; Zip Code<br><i>8520 N Beach St. Ft. Worth TX 76244</i>  |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>  | Description<br><i>Shirts</i>   |
|  | <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  |                                |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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 |

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