


# 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: **9**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Patrick</b>	MI <b>M</b>		
	NICKNAME	LAST <b>Kelly</b>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2511 Sir Turquin Lane Lewisville TX 75056</b>				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>289-1564</b>	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Patrick</b>	MI <b>M</b>	Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME	LAST <b>Kelly</b>	SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2511 Sir Turquin Lane Lewisville TX 75056</b> <small>(Residence or Business)</small>				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>289-1564</b>	EXTENSION		
<b>9 REPORT TYPE</b>	<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)				
<b>10 PERIOD COVERED</b>	Month      Day      Year <b>1 / 19 / 22</b>		THROUGH      Month      Day      Year <b>3 / 28 / 22</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>5 / 7 / 22</b>		ELECTION TYPE Primary      Runoff      Other Description <input checked="" type="checkbox"/> General      Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>NA</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>Lewisville City Council Place 6</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	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 Patrick M Kelly		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)	\$ 225.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,063.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 845.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,717.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patrick Kelly this the 7<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.

*Julie Worster*      Julie Worster      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Patrick Kelly, and my date of birth is 09/10/2968.  
My address is 2511 Sir Turquin Lane, Lewisville, TX, 75056, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Denton County, State of TX, on the 7<sup>th</sup> day of April, 2022.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,838.52
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,871.99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# 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>4</b>
2 FILER NAME <b>Patrick M Kelly</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/16/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Chris Kelly</b> 6 Contributor address; City; State; Zip Code <b>975 East Main Street, B106 Allen TX 75002</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/16/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cindy Said</b> Contributor address; City; State; Zip Code <b>2536 Sir Tristram Lane Lewisville TX 75056</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Clifton Mears</b> Contributor address; City; State; Zip Code <b>1010 Sir Kay Dr. Lewisville TX 75056</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Guy Harris</b> Contributor address; City; State; Zip Code <b>2605 Merlin Drive Lewisville TX 75056</b>	Amount of contribution (\$)  <b>138.52</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.

# 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>4</b>
2 FILER NAME Patrick M Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Roger Simms 6 Contributor address; City; State; Zip Code 2701 Sir Castor Court Lewisville TX 75056	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Uniform Solutions Contributor address; City; State; Zip Code 1707 BRIERCROFT COURT, SUITE 144 Carrollton TX 75006	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Katie O'Neil Contributor address; City; State; Zip Code 400 Benwick Way Lewisville TX 75057	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Patrick M Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

01/19/2022

5 Full name of contributor

Sophia's Kitchen

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

2640 King Arthur Blvd Ste 107 Lewisville TX 75056

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/19/2022

Full name of contributor

Lewis Sams

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

833 Fir Forrest Dr. The Colony TX 75056

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2022

Full name of contributor

Teresa Fredricks

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

2705 King Arthur Blvd Lewisville TX 75056

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2022

Full name of contributor

Mark Finn

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5470 Lyndon B Johnson Freeway Dallas TX 75240

Amount of contribution (\$)

250.00

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

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>4</b>
2 FILER NAME Patrick M Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Sally Esposito	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code 2532 Sir Tristram Lane Lewisville TX 75056		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) James Deen	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 2510 Sir Turquin Lane Lewisville TX 75056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Micahel Phipps	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 2710 Merlin Dr Lewisville TX 75056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) John Crouch	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 2263 Lady Cornwall Dr Lewisville TX 75056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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 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>	<b>2</b> FILER NAME Patrick M Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/14/2022	<b>5</b> Payee name Vista Print
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<b>6</b> Amount (\$) <b>215.40</b>	<b>7</b> Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451
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<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 Business cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/16/2022	Payee name SquareSpace
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Amount (\$) 233.82	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York NY 10014
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Annual web hosting for campaignkelly.com
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/21/2022	Payee name Vista Print
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Amount (\$) 912.53	Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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            | 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: <span style="font-size: 2em; margin-left: 20px;">2</span>	<b>2</b> FILER NAME Patrick Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/20/2022	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) <span style="font-size: 1.5em;">510.24</span>	<b>7</b> Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Shirts and paper name tags
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
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
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
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
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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