

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Duane</u> MI	OFFICE USE ONLY	
	NICKNAME LAST <u>Kelly</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>[REDACTED]</u> <u>DUNCAN TX 75407</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>[REDACTED]</u>) <u>[REDACTED]</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Diana</u> MI	Receipt #	Amount \$
	NICKNAME LAST <u>Eshelman</u> SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>[REDACTED]</u> <u>Murphy TX 75094</u>	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>[REDACTED]</u>) <u>[REDACTED]</u>		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>8 / 13 / 24</u> THROUGH Month Day Year <u>10 / 05 / 2024</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 05 / 2024</u>	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special	
12 OFFICE	OFFICE HELD (if any) <u>Board TRUSTEE PISD</u>	13 OFFICE SOUGHT (if known) <u>PISD TRUSTEE</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 <u>Duane 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)	\$ <u>631</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>631</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1408.36</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1408.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>885.92</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1135.68</u>

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.

Duane E. 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 Duane Kelly, and my date of birth is 10-15-1962.

My address is _____, Princeton, Tx, 75907, Collin.
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 5th day of OCTOBER, 2024.
(month) (year)

Duane E. Kelly

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Duane Kelly</i>		20 Filer ID (Ethics Commission Filers) —
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ —
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	☒ SCHEDULE E: LOANS	\$ 1135.68
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1408.36
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 713.46
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

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: 2	
2 FILER NAME Duane Kelly				3 Filer ID (Ethics Commission Filers)	
4 Date 8/13/24	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sunlight Limited			7 Amount of contribution (\$) \$201.00	
6 Contributor address; City; State; Zip Code Riverside CA 92503					
8 Principal occupation / Job title (See Instructions) owner			9 Employer (See Instructions) Sunlight Limited		

Date 9/12/24	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robin Schroeder			Amount of contribution (\$) \$40.00	
Contributor address; City; State; Zip Code Princeton TX 75407					
Principal occupation / Job title (See Instructions) Homemaker			Employer (See Instructions) homemaker NA		

Date 9/18	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carolyn Russo			Amount of contribution (\$) \$20.00	
Contributor address; City; State; Zip Code Princeton TX 75407					
Principal occupation / Job title (See Instructions) Software			Employer (See Instructions) NA		

Date 9/18	Full name of contributor ☐ out-of-state PAC (ID#: _____) NATE Cope			Amount of contribution (\$) \$100.00	
Contributor address; City; State; Zip Code Princeton TX 75407					
Principal occupation / Job title (See Instructions) CFO			Employer (See Instructions) COPE INC		

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: 2	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date 9-30-24		5 Full name of contributor Laura Dawley ☐ out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$50.00	
		6 Contributor address: [REDACTED] City: Princeton State: TX Zip Code: 75407			
8 Principal occupation / Job title (See Instructions) Homemaker			9 Employer (See Instructions) NA		
Date 10-1-24		Full name of contributor Barbara Hansen ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$20.00	
		Contributor address: [REDACTED] City: Princeton State: TX Zip Code: 75407			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) NA		
Date 10-3-24		Full name of contributor Tuba Schmoker ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$200.00	
		Contributor address: [REDACTED] City: Princeton State: TX Zip Code: 75407			
Principal occupation / Job title (See Instructions) Sales			Employer (See Instructions)		
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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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:	
2 FILER NAME <i>Duane Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>8-27-24</i>	7 Name of lender ☐ out-of-state PAC (ID#: _____) <i>Duane Kelly</i>	9 Loan Amount (\$) <i>\$750</i>	
6 Is lender a financial institution? Y ☒ N	8 Lender address; City; State; Zip Code <i>Princeton</i> <i>TX</i> <i>75407</i>	10 Interest rate <i>0</i>	
		11 Maturity date <i>NA</i>	
12 Principal occupation / Job title (See Instructions) <i>SALES</i>		13 Employer (See Instructions) <i>NA</i>	
14 Description of Collateral ☒ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor <i>NA</i>		19 Amount Guaranteed (\$) <i>NA</i>
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan <i>8-14-24</i>	Name of lender ☐ out-of-state PAC (ID#: _____) <i>Duane Kelly</i>	Loan Amount (\$) <i>385.68</i>	
Is lender a financial institution? Y ☒ N	Lender address; City; State; Zip Code <i>Princeton</i> <i>TX</i> <i>75407</i>	Interest rate <i>0</i>	
		Maturity date <i>0</i>	
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions) <i>NA</i>	
Description of Collateral ☒ none		☒ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor <i>NA</i>		Amount Guaranteed (\$) <i>NA</i>
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	

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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	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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
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 <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	
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 <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	
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 <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

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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.

1 Total pages Schedule F1:		2 FILER NAME <i>Duane Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/31/24</i>		5 Payee name <i>Vista Printing</i>			
6 Amount (\$) <i>389.40</i>		7 Payee address; <i>Office / [Redacted]</i>		City; <i>Lexington</i>	State; <i>MA</i>
				Zip Code <i>02421</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp.</i>		(b) Description <i>Push Camps</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Date <i>8/27/24</i> <i>9/3/24</i>		Payee name <i>Josh Williams</i>			
Amount (\$) <i>566.60</i>		Payee address;		City; <i>Princeton</i>	State; <i>TX</i>
				Zip Code <i>75407</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <i>9/3/24</i>		Payee name <i>Rachel Elliott</i>			
Amount (\$) <i>24.16</i>		Payee address;		City; <i>McKinney</i>	State; <i>TX</i>
				Zip Code <i>75069</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>		Description <i>Website</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
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:		2 FILER NAME <i>Duane Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8-29-24</i>		5 Payee name <i>Amazon</i>			
6 Amount (\$) <i>64.94</i>		7 Payee address; City; State; Zip Code <i>MA/online</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Bags</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>9-3-24</i>		Payee name <i>Princeton Printing</i>			
Amount (\$) <i>69.00</i>		Payee address; City; State; Zip Code <i>[REDACTED] Princeton TX 75407</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>stake cards</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <i>9/12/24</i>		Payee name <i>Minuteman Press</i>			
Amount (\$) <i>263.26</i>		Payee address; City; State; Zip Code <i>[REDACTED] McKinney TX 75069</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>		Description <i>stake cards</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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

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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.

1 Total pages Schedule F1:		2 FILER NAME <i>Dune Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/20/24</i>		5 Payee name <i>Walmart</i>			
6 Amount (\$) <i>35</i>		7 Payee address 		City; <i>Princeton</i>	State; <i>TX</i>
				Zip Code <i>75407</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(b) Description <i>Candy</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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