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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: (Mrs.) FIRST: Sarah MI: A.

NICKNAME: — LAST: Kelly SUFFIX: —

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

416 Winters St, River Oaks, TX 76114

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: (Mrs.) FIRST: Cinda MI: C.

NICKNAME: (Cindy) LAST: Neathery SUFFIX: —

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

619 Roberts Cut Off Rd, River Oaks, TX 76114

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

- [ ] January 15
- [x] 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: 01 / 03 / 2023 THROUGH Month Day Year: 04 / 06 / 2023

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 06 / 2023

ELECTION TYPE: Primary (General) Runoff Special Other Description: _____

12 OFFICE

OFFICE HELD (if any): —

13 OFFICE SOUGHT (if known): Castleberry ISD Sch. Bd. Pl. 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

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	
	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	Sarah 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)	$ —
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 655.11
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ —
	4.	TOTAL POLITICAL EXPENDITURES	$ 1364.03
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 310.85
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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

ANGELA BRANCH
My Notary ID # 128025689
Expires September 3, 2025
NOTARY PUBLIC STATE OF TEXAS

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sarah Kelly this the 6th day of April, 20 23, to certify which, witness my hand and seal of office

Angela Branch — Angela Branch — Election officer

Signature of officer administering oath — Printed name of officer administering oath — 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 _____ (month), 20_____ (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Sarah Kelly	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 655.11
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ —
3	SCHEDULE B PLEDGED CONTRIBUTIONS	$ —
4	SCHEDULE E LOANS	$ —
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 61.20
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$ —
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ —
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$ —
9	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 1302.83
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 FILER NAME: Sarah Kelly

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/18/23	Cinda Kelly 619 Roberts Cut Off Rd, RO, TX 76114	200.00	Author/Publisher	self-employed
3/14/23	Cinda Neathery 619 Roberts Cut Off Rd, RO, TX 76114	100.00	Author/Publisher	self-employed
4/6/23	Jeffrey Besier 416 Winters St, RO, TX 76114	25.00	Aircraft Mechanic	Southwest Airlines
4/6/23	Jeffrey Besier 416 Winters St, RO, TX 76114	150.00	Aircraft Mechanic	Southwest Airlines

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 FILER NAME Sarah Kelly	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor out-of-state PAC (ID# _____)	7 Amount of contribution ($)
3/25/23	Cinda Neathery	180.11
	6 Contributor address, City, State, Zip Code: 619 Roberts Cut Off Rd, RiverOaks, TX 76114 (Flyers)	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Author / Publisher	self-employed

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)	

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)	

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)	

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
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	3 Filer ID (Ethics Commission Filers)
	Sarah Kelly	

4 Date	5 Payee name
3/24/23	Banners on the Cheap

6 Amount ($)	7 Payee address, City, State, Zip Code
61.20	11525 Stonehollow Dr, B220, Austin, TX 78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Exp.	Banner Signage

(c) Check if travel outside of Texas Complete Schedule T — Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Sarah Kelly	CISD School Bd, Pl. 2	

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 ONLY 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 ONLY 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 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
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 G	2 FILER NAME: Sarah Kelly	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
1/15/23	NameCheap

6 Amount ($)	7 Payee address, City, State, Zip Code
8.16 Reimbursement from political contributions intended	4600 E. Washington St, Ste 305, Phoenix, AZ 85034

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Domain Name (sarakelly.com)
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelly	CISD School Bd, Pl 2	

Expenditure 2

Date	Payee name
~~3/24/23~~ (SK)	~~Banners on the Cheap~~ (SK)

Amount ($)	Payee address, City, State, Zip Code
Reimbursement from political contributions intended	

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
3/15/23	Allie Lamb

Amount ($)	Payee address, City, State, Zip Code
75.00 Reimbursement from political contributions intended	213 Flower Ridge, Fort Worth, TX 76108

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Photos / Headshots
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	~~Office held~~
	Sarah Kelly	CISD School Bd, Pl 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sarah Kelly	

4 Date	5 Payee name
1/26/23	Josie's Income Tax + Notary

6 Amount ($)	7 Payee address, City, State, Zip Code
13.50 Reimbursement from political contributions intended	5424 River Oaks Blvd, RO, TX 76114

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Legal Services	Notary for application
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought ~~Office held~~
	Sarah Kelly	CISD School Bd, Pl 2

Date	Payee name
1/3/23	Proton AG

Amount ($)	Payee address, City, State, Zip Code
119.88 Reimbursement from political contributions intended	Route de le Galaise 32 1228 Plan-les-Ouates, Geneva, Switzerland, VAT: CHE-354.686.492

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Exp.	Email for Campaign
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought ~~Office held~~
	Sarah Kelly	CISD School Bd, Pl 2

Date	Payee name
1/31/23	Weebly

Amount ($)	Payee address, City, State, Zip Code
127.92 Reimbursement from political contributions intended	1455 Market St, Ste. 600, San Francisco, CA 94103

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Exp.	Website (Sarahkelly.co
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought ~~Office held~~
	Sarah Kelly,	CISD School Board, Pl 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G

2 FILER NAME: Sarah Kelly

3 Filer ID (Ethics Commission Filers)

4 Date: 3/4/23

5 Payee name: Signs on the Cheap

6 Amount ($): 511.81
Reimbursement from political contributions intended

7 Payee address, City, State, Zip Code: 11525 Stonehollow Dr., B 220, ~~ATX~~ Austin, TX 78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description: Campaign Signs

(c) Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Sarah Kelly

Office sought: CISD School Bd, Pl 2 ~~Office held~~

Date: 3/26/23

Payee name: Signs on the Cheap

Amount ($): 377.12
Reimbursement from political contributions intended

Payee address, City, State, Zip Code: 11525 Stonehollow Dr, B220, Austin, TX 78758

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: Campaign Signs

Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Sarah Kelly

Office sought: CISD School Bd, Pl 2 ~~Office held~~

Date: 3/25/23

Payee name: Dollar General Store 3465

Amount ($): 64.03
Reimbursement from political contributions intended

Payee address, City, State, Zip Code: 4409 River Oaks Blvd, FO, TX 76114

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Exp.

Description: meet the candidate Event snacks / water

Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Sarah Kelly

Office sought: CISD School Bd, Pl 2 ~~Office held~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G	2 FILER NAME Sarah Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/23	5 Payee name Dollar Tree	
6 Amount ($) 5.41 Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 4847 River Oaks Blvd, RO, TX 76114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp.	(b) Description Serving bowls for event snacks
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sarah Kelly	Office sought CISD School Bd, P12 ~~Office held~~

Date	Payee name	
Amount ($) Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($) Reimbursement from political contributions intended	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 ONLY 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.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sarah Kelty	

4 Date	5 Payee name
04/07/2023	Costco Wholesale

6 Amount ($)	7 Payee address, City, State, Zip Code
94.91	5300 Overton Ridge Blvd, Fort Worth, TX 76132

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	food and utensils for Meet the Candidate event
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	Castleberry ISD School Board Place 2	

Date	Payee name
04/07/2023	Dollar Tree

Amount ($)	Payee address, City, State, Zip Code
20.30	7015 Ridgmar Meadow Road, Fort Worth, TX 76116

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expenses	decor and containers for Meet the Candidate event
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	CastleberryISD School Board Place 2	

Date	Payee name
04/07/2023	Sam's Club

Amount ($)	Payee address, City, State, Zip Code
27.32	6760 Westworth Blvd, Westworth Village, TX 76114

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	things for Meet the Candidate event
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	Castleberry ISD School Board Place 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2
2 FILER NAME Sarah Kelty	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#_____) Stephanie Martinez 7 Contributor address, City, State, Zip Code 4725 Hope Street, River Oaks, TX 76114	8 Amount of Contribution $	9 In-kind contribution description online marketing 3/29 - 4/6/23 Check if travel outside of Texas Complete Schedule T
03/29/2023			

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CTE Coordinator	11 Employer (FOR NON-JUDICIAL) (See Instructions) Castleberry ISD / Castleberry High School
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) Cecilia Sanders Contributor address, City, State, Zip Code 5000 Crown Rd, Fort Worth, TX 76114	Amount of Contribution $	In-kind contribution description put out yard signs 3/25 - 4/6/23 Check if travel outside of Texas Complete Schedule T
03/25/2023			

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Paraeducator	Employer (FOR NON-JUDICIAL) (See Instructions) Castleberry ISD / AV Cato Elementary
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs
FIRST: Sarah
MI: A
NICKNAME:
LAST: Kelty
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
416 Winters Street, River Oaks, TX 76114

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
( )

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms
FIRST: Cinda
MI: C
NICKNAME: Cindy
LAST: Neathery
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
619 Roberts Cut Off Road, River Oaks, TX 76114

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
( )

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: 4 / 6 / 23 THROUGH Month Day Year: 4 / 28 / 23

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 6 / 23

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- Other Description:
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Castleberry ISD School Board Place 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

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
GENERAL
SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Sarah Kelty	

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)	$ 200.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 198.06
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 134.76
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 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 Sarah Kelty, and my date of birth is 03/14/1978

My address is 416 Winters Street, RiverOaks, TX, 76114, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 28th day of April (month), 2023 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Sarah Kelty	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	■	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 200.00
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	■	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 176.09
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	$ 21.97
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
2 FILER NAME Sarah Kelty	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor out-of-state PAC (ID# _____) Anonymous - Someone slipped $100 in my purse at church without me seeing 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($) 100.00
04/09/2023		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____) Royce and Janice Shields Contributor address, City, State, Zip Code 709 Winters Street, River Oaks TX 76114	Amount of contribution ($) 100.00
04/17/2023		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired / Paraeducator	Janice - Castleberry ISD / AV Cato Elementary

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2
2 FILER NAME Sarah Kelty	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID# _____) 7 Contributor address, City, State, Zip Code	8 Amount of Contribution $	9 In-kind contribution description
04/06/2023	Stephanie Martinez 4725 Hope Street, River Oaks, TX 76114		Online Marketing (4/6/23 - Present) Check if travel outside of Texas Complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
CTE Coordinator	Castleberry ISD / Castleberry High School
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of Contribution $	In-kind contribution description
04/07/2023	Matt Romo		1 case burger patties 1 case hotdogs for Meet the Candidate events Check if travel outside of Texas Complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Unknown	Restaurant Business
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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
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	3 Filer ID (Ethics Commission Filers)
	Sarah Kelty	

4 Date	5 Payee name
04/07/2023	PrintingonPaper

6 Amount ($)	7 Payee address, City, State, Zip Code
8.12	822 S Cherry Lane, White Settlement, TX 76108

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	campaign stickers
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	CISD School Board Place 2	

Date	Payee name
04/07/2023	Party City

Amount ($)	Payee address, City, State, Zip Code
17.32	Westover Village, 435 Sherry Lane, Fort Worth, TX 76114

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	table cloths for Meet the Candidate events
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	CISD School Board Place 2	

Date	Payee name
04/07/2023	Dollar Tree

Amount ($)	Payee address, City, State, Zip Code
8.12	4847 River Oaks Blvd, River Oaks, TX 76114

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	balloons for Meet the Candidate event
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	CISD School Board Place 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sarah Kelty	

4 Date	5 Payee name
04/08/2023	Atwoods of Lake Worth

6 Amount ($)	7 Payee address, City, State, Zip Code
21 97 Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	seasonings for food grilled at Meet the Candidate event
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Sarah Kelty	CISD School Board Place 2	

Date	Payee name

Amount ($)	Payee address, City, State, Zip Code
Reimbursement from political contributions intended	

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address, City, State, Zip Code
Reimbursement from political contributions intended	

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED