T. 10/01/1		JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				
The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Shequitta	мі D.	OFFICE USE ONLY		
NAME	NICKNAME	LAST Kelly	SUFFIX	Date Received		
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #; C	SITY; STATE; ZIP CODE	DALLA BY 2018		
GANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 444-9322	EXTENSION	Date Hand-delivered or Date Postmarked		
CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # U Amount \$		
NAME	NICKNAME	Dr. Frederick	Date Processed			
	****	Haynes III (NO PO BOX PLEASE); APT / SI				
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE	2020 W. V AREA CODE (972)	Vheatland Rd- Dallas PHONE NUMBER 228-5200	EXTENSION			
REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
• PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH 06	Day Year / 30 / 22		
1 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	E		
2 OFFICE	OFFICE HELD (if any Judge of Cou	nty Criminal Court #	13 OFFICE SOUGHT (if know 11 Judge of County Ci			
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES		
COMMITTEL	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
			EASURER ADDRESS			

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Shequitta Kelly 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 **TOTALS** 13.53 **TOTAL POLITICAL EXPENDITURES** \$1,807.41 CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ^{\$}10,33<u>0.37</u> **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate/Officeholder Please complete either option below: Jocobe D Graham (1) Affidavit My Commission Expires 12/19/2023 ID No 130329642 NOTARY STAMP/SEAL this the 14 day of 1 Sworn to and subscribed before me by SHEGUITH D. , to certify which witness my hand and seal of office. Jocobs Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration ____, and my date of birth is _ My name is _ My address is ____ (state) (zip code) (country) (street) (city) Executed in ____ County, State of _____, on the ____ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH FORM JC/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Shequitta Kelly 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE **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 \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$1,807.41 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 \$ 10. \$ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

www.ethics.state.tx.us

Revised 11/4/2020

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ical Committee Event Expense Fees Fees Food/Beverage Expense Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				
Total pages Schedule F	1: 2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)			
1 Date	5 Payee name					
6/21/22	Ashanequia Hopkins					
Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$150.00	2400 S. Hampton Rd Apt 930	04 Glenn Heights, TX 751	54			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of fees	this schedule) Shirt o	Shirt design			
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	ustin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date 06/16/22 Amount (\$) \$21.65	Payee name Snappy Salads Payee address; 717 N. Harwood St Dallas, TX	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Food Expense	this schedule)				
	Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
06/10/22	Dollar Tree					
Amount (\$) \$59.54	Payee address; 435 E. Fm1382, Cedar Hill T)	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Gift Expense	this schedule) Description	personnel gift basket			
	Check if travel outside of Texas, Comp	lete Schedule T. Check if A	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit Co		Office sought	t Office held			
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS N	JEENEN			

SCHEDULE F1

		EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Con Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule F1:		ILER NAME equitta Kelly		3 Filer ID (Ethics Commission Filers)	
Date 06/03/22		Payee name Ladeitra Adkins			
\$ Amount (\$) \$100.00		P.O.Box 195491 Dallas, TX 75219	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Donation	onation		
	(c)	Check if travel outside of Texas. Complete Schedule T.	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Н	Candidate / Officeholder name	Office sought	Office held	
Date 05/27/22		Payee name Constant Contact			
Amount (\$) \$10.66		1601 Trapelo Rd Waltham, MA 02451	City;	State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description Email platform	1	
		Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Н	Candidate / Officeholder name	Office sought	Office held	
Date 4/27/22		Payee name Constant Contact			
Amount (\$)		Payee address;	City;	State; Zip Code	
\$10.66	16	601 Trapelo Rd. Waltham, MA 024	51	A Company of the Comp	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	Description Email F	Platform	
		Check if travel outside of Texas. Complete Schedule T.	Check if Au	istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

		EXPENDITURE CATEGORIE	S FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cor Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Foot/Beverage Expense Polling Expense Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 1	ILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)				
4 Date 4/11/22	5 1	Payee name Rickyel Wesson		L				
6 Amount (\$) \$50		1717 River Run Dr Desoto, TX 75	City; 115	State; Zip Code				
8	(a)	Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE OF EXPENDITURE		Donation	Donation					
	(c)	Check if travel outside of Texas. Complete Schedule T.	Check if fravel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expens					
9 Complete ONLY if direct expenditure to benefit C/OI	н	Candidate / Officeholder name	Office sought	Office held				
Date 4/4/22		Payee name Ashanequia Hopkins						
Amount (\$) \$50.00		ayee address; 2400 S. Hampton Rd Apt 9304 (сіtу; Glenn Heights, ТХ	State; Zip Code				
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description cup customizat	ion				
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	-1	Candidate / Officeholder name	Office sought	Office held				
Date 3/29/22		Payee name Homegoods						
Amount (\$)		Payee address;	City;	State; Zip Code				
\$129.64		386 E FM 138 Cedar Hill, TX 751	04					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description Addition	al thank you cards				
		Check if travel outside of Texas. Complete Schedule T.	Check If Aus	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	н	Candidate / Officeholder name	Office sought	Office held				
*		ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED				

SCHEDULE F1

-	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Y Gift/Awards/Memorials Expense Printing E	seyment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Expense Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/22	5 Payee name Party City	
6 Amount (\$) \$42.85	715 N. US 67 Frontage RD Cedar Hill 75104	I, TX City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(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/Ol	Candidate / Officeholder name	Office sought Office held
Date 3/03/22	Payee name Carmen White	
Amount (\$) \$200	Payee address; PO Box 515 Rowlett, TX 75030	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign party fee
	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/ON	Candidate / Officeholder name	Office sought Office held
Date 4/18/22	Payee name CVS	
Amount (\$)	Payee address;	City; State; Zip Code
\$159.90	1305 W. Beltine Rd Desoto, TX	75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift expense	Description Gift cards
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) Shequitta Kelly 4 Date 5 Payee name 3/28/22 Constant Contact 6 Amount (\$) 7 Payee address; City; State; Zip Code \$10.66 1601 Trapelo Rd Waltham, MA 02451 8 (b) Description **Emailing Platform PURPOSE** Fees OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Service 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) Shequitta Kelly 4 Date Payee name 2/28/22 Constant Contact 6 Amount (\$) City; State; Zip Code \$10.66 1601 Trapelo Rd Waltham, MA 02451 (b) Description Email platform **PURPOSE** Fee OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Ashanequia Hopkins for USPS 2/14/22 Payee address; Amount (\$) City; State: Zip Code \$131 2400 S. Hampton Rd. #9304 Glenn Heights, TX 75154 Category (See Categories listed at the top of this schedule) Description fee Refund for paying mailbox renewable while I PURPOSE OF was out of town **EXPENDITURE** Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2/03/22 Hootsuite Amount (\$) Payee address; City; State: Zip Code \$371 12 E. 49th st. New York, New York 10017 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fee social media automation **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

				1 9				PARTY -	
		EXPENDITURE CATE	GORIES F	OR BOX	X 8(a)	2.00		West State of the	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Col Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Ex		rmead/Rental Expense Transportation I pense Travel in District Travel Out of D Other (enter a contract Labor			n Equipn rict District		
1 Total pages Schedule F1:		FILER NAME Thequitta Kelly 3 Filer ID (Ethics Con						Commission Filers)	
4 Date		ee name			1				
1/26/22	El	ite News							
6 Amount (\$) \$175.00		7 Payee address; City; State; Z 3155 S. Lancaster Rd Ste 240 Dallas, TX 75216						Zip Code	
8	(a) Ca	tegory (See Categories listed at the top of this	s schedule)	(b) Des	cription				
PURPOSE OF EXPENDITURE	Advertisement expense			Elite News Ad					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.		expense				
9 Complete ONLY if direct expenditure to benefit C/Oh		andidate / Officeholder name		Office	e sought		C	Office held	
Date	Pay	ee name							
1/24/22		Constant Contact							
Amount (\$)	Pay	ee address;		C	City;	State	 e;	Zip Code	
\$10.66		11 Trapelo Rd Waltham, In			cription				
PURPOSE OF EXPENDITURE		Fee			Email platform				
		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/OF		andidate / Officeholder name		Office	e sought		C	Office held	
Date 1/18/22		ee name nine Crockett.				V 2 70 70 70 70 70 70 70 70 70 70 70 70 70			
Amount (\$)	Paye	ee address;		C	City;	State	e;	Zip Code	
\$100		P.O. Box 227235 Dallas,	TX 752	75222					
	Cate	egory (See Categories listed at the top of this s	chedule)	Desc	cription				
PURPOSE OF EXPENDITURE		Donation			Campaign Donation				
		Check if travel outside of Texas, Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF		andidate / Officeholder name		Office	e sought		(Office held	
		ATTACH ADDITIONAL COPIES	OF THIS S	SCHEDU	LE AS NEI	EDED			