# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instructio	n Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	AN 17 PM 3:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST Shequitta	D.	DA	WARREN LASCOUNTY
	NICKNAME	Kelly	SUFFIX	Date Received	DEPU
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box	x 1835 Cedar Hill, TX	STATE: ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	PHONE NUMBER 444-9322	EXTENSION	Date Hand-delivere	d or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME	Dr. Frederick	SUFFIX	Date Processed	
		Haynes III		Date Imaged	
CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / SL		STATE:	ZIP CODE
(Residence or Business)	2020 W. V	Vheatland Rd- Dallas	, TX 75232		
CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	( 972 )	228-5200			
REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	-	t (Attach C/OH - FR)
O PERIOD COVERED	Month	Day Year	Month	Day Year	ž
	7	1 / 22	THROUGH 12 /	31 / 22	
1 ELECTION	Month Day	Year Primary	Runoff Other		
	11/8		Description		
OFFICE	OFFICE HELD (if any)	nty Criminal Court #1	13 OFFICE SOUGHT (if known)		
NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS A	CCEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(S)	CONSENT. CANDIDATES	COMMITTEE NAME	ED TO REPORT THIS INFORMATION ONLY IF TH	EY RECEIVE NOTICE OF	SUCH EXPENDITURES.
Addition	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P			

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	hequitta Kelly	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 121.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 2656.91
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD</li> </ol>	\$ 7,663.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I sw. requ	rear, or affirm, under penalty of perjury, that the accompanying report is true lired to be reported by me under Title 15, Election Code	and correct and includes all information
	Signature of Can	didate/Officeholder
	Please complete either option below	:
(1) Affidavit  NOTARY STAMP/SEAL	Jocobe D Graham My Commeson Expres 12/19/2023 ID No 130329642	
	perfore me by Shequitta Kelly SHOQUITA Kelly this the 1	7th day of January
	Mich witness my hand and seal of office.  To cobe Grahem	Court Coradinator
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaratio	or n	
My name is	, and my date of birth is _	
My address is		
	(street) (city) (sta	ate) (zip code) (country)
Executed in	County. State of , on the day of (month)	, 20
*	Signature of Candida	te/Officeholder (Declarant)

### SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com			mmiss	ion Filers)
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	[ ]	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	$\checkmark$	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$	2,535.57	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$		

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense F de By Gift/Awards/Memorials Expense F		Polling Expe Printing Exp		Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explain	ns how to co	mplete this form.		
1 Total pages Schedule F1:		ыдме Shequitta Kelly			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen	ame				
7/27/22	Const	ant Contact				
6 Amount (\$) \$10.66	1601	Trapelo Rd Waltham, M	A 02451	City;	State;	Zip Code
8				(b) Description		
PURPOSE	Fee			Email platform	ĺ	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
7/28/22	ι	JSPS				
Amount (\$)	Payee a	ddress;		City;	State	Zip Code
\$212	475 E	FM 138 Cedar Hill, TX	X 75106			
		y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE	fee			mailbox renew	vable	
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aus	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
7/27/22		USPS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$106	475 E F	M 138 Cedar Hill, TX	75106			
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Fee			postage		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	itin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

### SCHEDULE F1

		EXPENDITURE CATE	SORIES	OR 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	Office Overhead/Rental Expense everage Expense ards/Memorials Expense ervices  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 explain	s how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N. Shequitta				3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee na	ime					
9/27/22	Consta	int Contact					
6 Amount (\$)	1601 T	rapelo Rd Waltham, MA	024551	City;	State;	Zip Code	
\$10.66							
8							
PURPOSE							
OF EXPENDITURE	Fee			Email platfo	rm		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX. officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
8/23/22	De	mocratic Fish Fry					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
\$100	1414	N. Washington Ave Dall	as, TX 7	5204			
	Category	(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Donation			coordinate cam	paign expens	е	
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austi	in, TX. officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
0/00/00							
8/02/22		Andrea Plumlee- Our Fr	iends Pl	ace			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$300.00	6500 Gree	enville Ave Suite 620 Da	llas, TX	75206			
	Category	(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Fee			Gala ticket			
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Cod/Beverage Expense Food/Beverage Expense Food/Memorials Expen	can Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Balanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Ordan Gard Fayriners	The Instruction Guide explains I	now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/27/22	Constant Contact				
6 Amount (\$)		City;	State; Zip Code		
\$10.66	1601 Trapelo Rd Waltham, MA	024551			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description			
PURPOSE OF EXPENDITURE	Fees	Email Platfor	m		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/12/22	Alpha Phi Alpha				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$125.00	3126 Al Lipscomb way, Dalla	s, TX 75215			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche fees	dule) Description campaign ad			
	Check if travel outside of Texas. Complete Sched	tule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/06/22	JL Turner Foundation				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$350.00	2101 Ross Ave Dallas, TX 7	5215			
	Category (See Categories listed at the top of this sched	dule) Description	-		
PURPOSE OF	-				
EXPENDITURE	Fees	Scholars	hip gala ticket		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, 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				

### 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 B Candidate/Officeholder/Politics Credit Card Payment	Fees ( Food/Beverage Expense I Gift/Awards/Memorials Expense I	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	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 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/27/22	Ashanequia Hopkins					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$120.00	2400 S. Hampton Rd Apt 9304 G	lenn Heights, TX 7515	4			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	Court st	aff sweatshirt design			
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
11/29/22	Otis Clayborne					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$200		3415 Parrott St Dal	llas, TX 75216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Fees	Photography				
	Check if travel outside of Texas. Complete Scho	check if Aust	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Date 11/30/22	Payee name  Crystal P Official					
		City;	State; Zip Code			
11/30/22	Crystal P Official	3.00	State; Zip Code			
11/30/22 Amount (\$)	Crystal P Official Payee address:	rie, TX 75052				
11/30/22 Amount (\$) \$300	Crystal P Official Payee address;  4660 S. Hwy. 360 #110 Grand Prai Category (See Categories listed at the top of this sch	rie, TX 75052	State; Zip Code			
11/30/22 Amount (\$) \$300 PURPOSE OF	Crystal P Official Payee address;  4660 S. Hwy. 360 #110 Grand Prai Category (See Categories listed at the top of this sch	rie, TX 75052  Description  Cons				

### SCHEDULE F1

	EXPENDITURE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment		Office Over Polling Exp Printing Exp Salaries/W	pense lages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethic	es Commission Filers)
	Shequitta Kelly			3 File 1D (Ethic	s Commission Filers)
4 Date	5 Payee name				
12/27/22	Constant Contact				
6 Amount (\$)			Cib.		7: 4 :
\$10.66	1601 Trapelo Rd Waltham, MA 024	51	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description		
PURPOSE	6 M 30 B M 4 C C C		Email platform	m	
OF	Fees				
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder living	n expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
11/25/22	Dallas Black Chamber of Com	nmerce			
Amount (\$)			City;	State;	Zip Code
\$600	2922 MLK Blvd Dallas, TX 75215				
	Category (See Categories listed at the top of this school	edule)			
PURPOSE OF EXPENDITURE	Event expense		Gala tickets		
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin	. TX. officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH					
Date	Payee name				
11/07/22	Vidorra				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$77.93	2642 Main St. Dallas, TX 75226	S.			
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage expense		court lund	ch	
	Check if travel outside of Texas. Complete Sched	dule 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
	ATTACH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NEED	DED	