

# 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: **26**

3 CANDIDATE / OFFICEHOLDER NAME

MS (MRS) MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN TREASURER NAME

MS (MRS) MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

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

Month

Day

Year

07 / 01 / 2022

THROUGH

09 / 29 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 22

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

n/a

13 OFFICE SOUGHT (if known)

Dallas Co Treasurer

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY  
Date Received  
Date Hand-delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

JOHN F. WANKEN  
COUNTY CLERK  
DALLAS COUNTY  
DEPT

OCT 12 AM 9:15

FILED

GO TO PAGE 2

OCT 11 2022 8:42

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Shelly Akerly 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)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	19,472.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 255.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,235.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,017.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,957.00

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.

Shelly Akerly  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shelly Akerly this the 11<sup>th</sup> day of October

20 22, to certify which, witness my hand and seal of office.

Melissa Ditto Melissa Ditto  
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 \_\_\_\_\_, 20\_\_\_\_ (month) (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)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,980.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,492.37
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 6,800.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,235.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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

1 of 12

2 FILER NAME

Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 Date

7-10-22

5 Full name of contributor

Stein Cass

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

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

213 Wilshire Dr. Coppell TX 75019

\$200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7-12-22

Full name of contributor

Coppell Republican Women

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

P.O. Box 2151 Coppell TX 75019

\$500.00

Principal occupation / Job title (See Instructions)

Political Club

Employer (See Instructions)

Date

7-12-22

Full name of contributor

Diane Dees

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

1 Gettysburg Ln. Richardson, TX 75080

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7-12-22

Full name of contributor

Susan Fountain

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

10630 Chesterton Dallas, TX 75238

\$100

Principal occupation / Job title (See Instructions)

Exec. Director

Employer (See Instructions)

DCRP

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 of 12

2 FILER NAME

Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 Date

8.2.22

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mesquite Republican Women

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

P.O. Box 851464 Mesquite TX 75185

8 Principal occupation / Job title (See Instructions)

Political Club

9 Employer (See Instructions)

Date

8.3.22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Richardson Republican Women

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

P.O. Box 831262 Richardson TX 75083

Principal occupation / Job title (See Instructions)

Political Club

Employer (See Instructions)

Date

8.4.22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Tami Brown Rodriguez

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code

5400 E. Mockingbird Ln. Dallas, TX 75206

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Daniel Salon

Date

8.5.22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Bill Underhill

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

9201 Moss Farm Dallas TX 75243

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 12

2 FILER NAME

Shelly AKerly

3 Filer ID (Ethics Commission Filers)

4 Date

8.8.22

5 Full name of contributor

Larry Richardson

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

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

3320 Reagan St. apt. 111 Dallas TX 75219

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Date

8-10-22

Full name of contributor

Cheryl Kinney

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

Amount of contribution (\$)

\$1000.00

Contributor address;

5214 Palomar Ln. Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Date

8-18-22

Full name of contributor

Gayle Porter

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

Amount of contribution (\$)

\$500.00

Contributor address;

5851 Waggoner Dallas TX 75230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-18-22

Full name of contributor

Cecil Kester

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

Amount of contribution (\$)

\$200.00

Contributor address;

3532 Miles St. Dallas TX 75209

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 12**

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8-21-22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Darwin Deason**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code  
**3953 Maple Ave. Ste 150 Dallas, TX 75219**

**\$2000.00**

8 Principal occupation / Job title (See Instructions)  
**Chairman**

9 Employer (See Instructions)  
**Deason Capital**

Date  
**8-21-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Marianne Wilson**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**138 Turtle Dove Ln Graford, TX 76449**

**\$20.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
**Director of Diversity Relationships Omni Logistics**

Date  
**8-26-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jean Tally**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**4136 Goodfellow Dr. Dallas, TX 75229**

**\$50.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
**Retired**

Date  
**8-27-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jonica Cason**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**525 Rolling Hills Rd. Coppell TX 75019**

**\$500.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
**Homemaker**

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:  
**5 of 12**

2 FILER NAME  
**Shelly A Kerly**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8.29.22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Autumn McCall**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**1903 Canada Dr. Dallas, TX 75212**

**\$150.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**9.4.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Susan A. Fountain**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**10630 Chesterton Dr. Dallas TX 75238**

**\$100.00**

Principal occupation / Job title (See Instructions)  
**Executive Director**

Employer (See Instructions)  
**DCRP**

Date  
**9.8.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Julie Ladner**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**3929 Bowser Ave. Dallas TX 75219**

**\$200.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Julie Ladner PC**

Date  
**9.8.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Libby Boren**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**479 Country Ln. Coppell TX 75019**

**\$100.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:  
**6 of 12**

2 FILER NAME  
**Shelly aKerly**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9.8.22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ronald Hansen**

7 Amount of contribution (\$)

6 Contributor address; City: State: Zip Code  
**478 Harris St. Coppell TX 75019**

**\$100.00**

8 Principal occupation / Job title (See Instructions)  
**Sales / Entrepreneur**

9 Employer (See Instructions)

Date  
**9.15.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Edward Baxter**

Amount of contribution (\$)  
**\$50.00**

Contributor address; City: State: Zip Code  
**1602 Deerwood Dr. Rockwall TX 75032**

Principal occupation / Job title (See Instructions)  
**Senior Partner**

Employer (See Instructions)  
**Bison Creek Capital**

Date  
**9.15.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Caroline Allen**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City: State: Zip Code  
**6150 Averill Way Dallas TX 75225 #210**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**9.15.22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Doug Deason**

Amount of contribution (\$)  
**\$2,000.00**

Contributor address; City: State: Zip Code  
**10134 Waller Drive Dallas TX 75029**

Principal occupation / Job title (See Instructions)  
**Investor**

Employer (See Instructions)  
**Deason Capital**

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

7 of 12

2 FILER NAME

Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 Date

9.15.22

5 Full name of contributor

Darrell Day

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

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address:

1303 Chickasaw Dr. Richardson, TX 75080

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9.15.22

Full name of contributor

Clay Russell

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

Amount of contribution (\$)

\$ 500.00

Contributor address:

17675 West Buena Vista Dr. Surprise AZ 85374

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9.15.22

Full name of contributor

Nancy Sanderford

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address:

131 Blackburn Dr. Coppell TX 75019

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9.16.22

Full name of contributor

Alan K. Orr

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

Amount of contribution (\$)

\$ 500.00

Contributor address:

810 Mallard Dr. Coppell TX 75019

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Nice Ltd.

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:  
**8 of 12**

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9-18-22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Thomas Carter**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code  
**3101 Bluffview Dr. Garland, TX 75043**

**\$50.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**9-18-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Northwood Republican Women**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**3125 Greenbrier Dr. Dallas TX 75225**

**\$1400.00**

Principal occupation / Job title (See Instructions)  
**Political Club**

Employer (See Instructions)

Date  
**9-18-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Coppell Republican Women**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**P.O. BOX 2151 Coppell TX 75019**

**\$1,000.00**

Principal occupation / Job title (See Instructions)  
**Political Club**

Employer (See Instructions)

Date  
**9-19-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jerry Reynolds**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**2125 Shari Ln. Garland TX 75043**

**\$500.00**

Principal occupation / Job title (See Instructions)  
**Owner**

Employer (See Instructions)  
**Car Pro**

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:  
9 of 12

2 FILER NAME  
Shelly AKerly

3 Filer ID (Ethics Commission Filers)

4 Date  
9-22-22

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cindy Horne

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
621 Liechty Ct. Heath TX 75032

\$50.00

8 Principal occupation / Job title (See Instructions)  
Fundraiser

9 Employer (See Instructions)  
Battlefield Consulting

Date  
9-22-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kathryn Lewis

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
11721 Hillcrest Rd. Dallas, TX 75230

\$50.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
9-22-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Lane Sullivan

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6735 Santamaria Lane Dallas, TX 75214

\$250.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
9-22-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
John Little

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
10839 Cinderella Ln. Dallas TX 75229

\$100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

10 of 12

2 FILER NAME

Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 Date

9-22-22

5 Full name of contributor

Emily Jourdan

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

7 Amount of contribution (\$)

\$150.00

6 Contributor address:

4653 South Versailles Ave. Dallas TX  
75209

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9-22-22

Full name of contributor

Sandy Ammons

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

Amount of contribution (\$)

\$200.00

Contributor address:

7323 Lakehurst Ave. Dallas TX  
75230

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-22-22

Full name of contributor

Regina Emburgia

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

Amount of contribution (\$)

\$100.00

Contributor address:

5423 Goodwin Ave. Dallas TX 75206

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-22-22

Full name of contributor

Caroline Allen

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

Amount of contribution (\$)

\$500.00

Contributor address:

6150 Averill Way Dallas, TX 75209  
#210

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
11 of 12

2 FILER NAME  
Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 Date  
9-22-22

5 Full name of contributor:  out-of-state PAC (ID# \_\_\_\_\_)  
Mark Hajdu

7 Amount of contribution (\$)  
\$200.00

6 Contributor address; City; State; Zip Code  
6805 Sedgwick Dr. Dallas TX 75231

8 Principal occupation / Job title (See Instructions)  
President

9 Employer (See Instructions)  
Triumph Commercial RE

Date  
9-22-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Marty Forte

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
4309 Alta Vista Ln. Dallas, TX 75229

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
9-22-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Diane Courtney

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
802 Mallard Dr. Coppell, TX 75019

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
9-23-22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Susan Bright

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4668 Livingston Ave. Dallas, TX 75209

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1  
**12 of 12**

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9-23-22**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**William Katz**

7 Amount of contribution (\$)  
**\$ 250.00**

6 Contributor address; City; State; Zip Code  
**6934 Orchid Ln. Dallas TX 75230**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**9-24-22**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Aimee Ramsey**

Amount of contribution (\$)  
**\$ 150.00**

Contributor address; City; State; Zip Code  
**210 Oregon Ave Dallas TX 75230**

Principal occupation / Job title (See Instructions)  
**Real Estate / owner**

Employer (See Instructions)  
**Silver Image Limo**

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.

# 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: *1 of 4*

2 FILER NAME

Shelly Akerly

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

8-23-22

6 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Anne Stone

8 Amount of Contribution \$

\$500

9 In-kind contribution description

Food, parking for event

7 Contributor address; City; State; Zip Code

4408 Alta Vista Ln Dallas TX 75229

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)

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

9/7/22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Brenda Broderick

Amount of Contribution \$

\$46.54

In-kind contribution description

Cookies, decor event

Contributor address; City; State; Zip Code

13531 Rawhide Pkwy Fm Branch 75234

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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.



# 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 of 4*

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
*9/15/22*

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Mary Caldwell*  
7 Contributor address; City; State; Zip Code  
*14127 Tanglewood Dr. Farmers Branch 75234*

8 Amount of Contribution \$  
*\$ 375*

9 In-kind contribution description  
*food, beverage for event*

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)

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  
*9-8-22*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Nancy Sanderford*  
Contributor address; City; State; Zip Code  
*131 Blackburn Dr Coppell TX 75019*

Amount of Contribution \$  
*\$ 450*

In-kind contribution description  
*food, beverage for event*

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

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.

# 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: *3 of 4*

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date: *9-21-22*  
6 Full name of contributor: *Diane W Benjamin*  
 out-of-state PAC (ID#: \_\_\_\_\_)  
7 Contributor address; City: State: Zip Code  
*6530 Waggoner Dr Dallas TX 75230*

8 Amount of Contribution \$: *\$ 550*  
9 In-kind contribution description: *food, valet for event*  
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)

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: *9-17-22*  
Full name of contributor: *Jerry Garner*  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City: State: Zip Code  
*2137 Sherry Ln Garland TX 75043*

Amount of Contribution \$: *\$ 333.33*  
In-kind contribution description: *food + beverage for meeting*  
Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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.

# 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: 4 of 4

2 FILER NAME  
**Shelly Akerly**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date: 9-27-22  
 6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): A Better Dallas PAC  
 7 Contributor address; City; State; Zip Code: 7030 Wakefield St Dallas TX 75231

8 Amount of Contribution \$: \$50  
 9 In-kind contribution description: event expenses in Rowlett  
 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)

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: 9-28-22  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): ABetter Dallas PAC  
 Contributor address; City; State; Zip Code: 7030 Wakefield St Dallas TX 75231

Amount of Contribution \$: \$187.50  
 In-kind contribution description: event expense Cypress Waters  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

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.

**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: *171*

2 FILER NAME

*Shelly Aherly*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ *6,800.00*

5 Date of loan

*8-18-22*

7 Name of lender

*Shelly Aherly*

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

9 Loan Amount (\$)

*6,800.00*

6 Is lender a financial institution?  
 Y  N

8 Lender address;

*811 Mallard Dr*

City;

*Coppell TX*

State;

Zip Code

*75019*

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

*office manager*

13 Employer (See Instructions)

*Aherly Law PLLC*

14 Description of Collateral

*none*

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

*not applicable*

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

*office manager*

21 Employer (See Instructions)

*Aherly Law PLLC*

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?  
 Y  N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

*none*

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

*not applicable*

Guarantor address;

City;

State;

Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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 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: 1 of 6	2 FILER NAME Shelly Akerly	3 Filer ID (Ethics Commission Filers)
--------------------------------------	-------------------------------	---------------------------------------

4 Date 7-23-22	5 Payee name DRI UPrinting
6 Amount (\$) \$ 247.68	7 Payee address: www.uprinting.com City: State: Zip Code

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description car magnets
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8-1-22	Payee name Noon Exchange Club of Garland
Amount (\$) \$ 20.00	Payee address: PO Box 472791 City: State: Zip Code Garland TX 75047

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description parade entry fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8-3-22	Payee name Vista Print
Amount (\$) \$ 51.72	Payee address: www.vistaprint.com City: State: Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing	Description post cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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  
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.

<b>1</b> Total pages Schedule F1: <i>2 of 6</i>	<b>2</b> FILER NAME <i>Shelly Aherly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8-5-22</i>	<b>5</b> Payee name <i>Vista Print</i>	
<b>6</b> Amount (\$) <i>\$ 490.02</i>	<b>7</b> Payee address; City; State; Zip Code <i>www.vistaprint.com</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>printing</i>	<b>(b)</b> Description <i>push cards</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>8-9-25</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>\$322.95</i>	Payee address; City; State; Zip Code <i>www.vistaprint.com</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>printing</i>	Description <i>push cards</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>8-14-22</i>	Payee name <i>T-Shirt Creations</i>	
Amount (\$) <i>\$ 641.92</i>	Payee address; City; State; Zip Code <i>1225 E Crosby Rd      Carrollton TX      75006</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>printing</i>	Description <i>1050 b-shirts</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Shelly Akerly	3 Filer ID (Ethics Commission Filers)
--------------------------------------	-------------------------------	---------------------------------------

4 Date 8-17-22	5 Payee name Vista Print
-------------------	-----------------------------

6 Amount (\$) \$462.05	7 Payee address; www.vistaprint.com	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) printing	(b) Description push cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 8-19-22	Payee name Thomas Partners Strategies
-----------------	--

Amount (\$) \$ 3750.00	Payee address; 539 W Commerce St 5049	City; Dallas	State; TX	Zip Code 75208
---------------------------	--	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description strategy and planning
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 9-1-22	Payee name In Texas Trade Graphics
----------------	---------------------------------------

Amount (\$) \$ 3,382.81	Payee address; www.texastradegraphics.com	City;	State;	Zip Code
----------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description 4x4 sign printing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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.

<b>1</b> Total pages Schedule F1. 486	<b>2</b> FILER NAME Shelly Akery	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-3-22	<b>5</b> Payee name Blondly LLC	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code www.blondly.co	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description website
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-10-22	Payee name Total Wine	
Amount (\$) \$291.95	Payee address; City; State; Zip Code 9350 N. Central Ewy Dallas TX 75231	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fundraising expense	Description event expense
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-15-22	Payee name Shorman Creative	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code www.shormancreative.com	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fundraising expense	Description musicians
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 6	<b>2</b> FILER NAME Shelly Akerly	<b>3</b> Filer ID (Ethics Commission Filers)
---	--------------------------------------	--

<b>4</b> Date 9-16-22	<b>5</b> Payee name Gudson Stafford - Install Connect inc
<b>6</b> Amount (\$) \$4,000	<b>7</b> Payee address; 505 W State St City: Garland State: TX Zip Code: 75040

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Sign installation
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 9-16-22	Payee name DRI Print Place
Amount (\$) \$250.27	Payee address; 1130 Ave H East City: Arlington State: TX Zip Code: 76011

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description flyers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 9-17-22	Payee name Blondly
Amount (\$) \$1500.00	Payee address; www.blondly.co City: State: Zip Code:

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Graphics, social media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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  
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: 6 of 6	2 FILER NAME Shelley Atherly	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------	---------------------------------------

4 Date 9-21-22	5 Payee name Print Place
-------------------	-----------------------------

6 Amount (\$) \$110.42	7 Payee address: 1130 Ave H East City: Arlington State: TX Zip Code: 76011
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing	(b) Description business cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 9-28-22	Payee name Blondly
-----------------	-----------------------

Amount (\$) \$2,345.00	Payee address: www.blondly.co City: State: Zip Code:
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	Description graphics, social media
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 9-29-22	Payee name Keepers Press
-----------------	-----------------------------

Amount (\$) \$1,728.76	Payee address: 1905 Alpha Rd, St 170 City: Rockwall State: TX Zip Code: 75087
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description yard signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED