

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/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

Shequitta D.

NICKNAME

LAST

SUFFIX

Kelly

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1835 Cedar Hill, TX 75106

Change of Address

2022 JAN 4 PM 2:38  
FILED  
JOHN F. WARREN  
COUNTY CLERK  
DALLAS COUNTY  
BY S.D. DEPT

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214 )

444-9322

Date Hand-Delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Dr. Frederick Douglas

NICKNAME

LAST

SUFFIX

Haynes III

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2020 W. Wheatland Rd- Dallas, TX 75232

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

228-5200

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

7

/

1

/

21

THROUGH

12

/

31

/

21

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

1

/

22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Judge of County Criminal Court #11

13 OFFICE SOUGHT (if known)

Judge of County Criminal Court #11

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME Shequitta 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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,452.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,921.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,348.79

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shequitta Kelly this the 14 day of Jan, 2022, to certify which, witness my hand and seal of office.  
*Jocobe Graham* Jocobe Graham Court Coordinator  
 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 - JC/OH

# FORM JC/OH COVER SHEET PG 3

19 FILER NAME <b>Shequitta Kelly</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,452.95
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,162.95
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1,921.40
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: **18**

2 FILER NAME  
Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date  
7/7/21

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Christopher Koustoubardis

7 Amount of contribution (\$) **\$150**

6 Contributor address; City; State; Zip Code

10432 Church Rd Dallas, TX 75238

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Attorney at law

10 Contributor's employer/law firm

Self Employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

7/6/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Randall B Isenberg

Amount of contribution (\$) **\$1000**

Contributor address; City; State; Zip Code

4303 N. Central Expressway Dallas, TX 75205

Contributor's principal occupation

Lawyer

Contributor's job title

Attorney at law

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

7/10/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Charlonda Kelly

Amount of contribution (\$) **\$25**

Contributor address; City; State; Zip Code

3053 Lisetta St Grand Prairie, TX 75052

Contributor's principal occupation

Quality Assurance Associate

Contributor's job title

Vice President

Contributor's employer/law firm

Bank of America

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Angela Lowe	7 Amount of contribution (\$)  \$25
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sean Modjarrad	Amount of contribution (\$)  \$150
Contributor address; City; State; Zip Code 212 W. Spring Valley Road Richardson, TX 75081		
Contributor's principal occupation Lawyer		Contributor's job title Attorney at law
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Karl Burrell	Amount of contribution (\$)  \$100
Contributor address; City; State; Zip Code 2809 Winding Oak Tr. Garland, TX 75044		
Contributor's principal occupation Insurance		Contributor's job title Sales Rep
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date  
7/13/21

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Desiree Burrell

7 Amount of contribution (\$) \$100

6 Contributor address; City; State; Zip Code  
2809 Winding Oak Tr. Garland, TX 75044

8 Contributor's principal occupation  
Sales

9 Contributor's job title  
Buyer

10 Contributor's employer/law firm  
JcPenney

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

7/13/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Dr. Frederick D. Haynes III

Amount of contribution (\$) \$500

Contributor address; City; State; Zip Code  
2020 W. Wheatland Road- Dallas, TX 75232

Contributor's principal occupation  
Pastor

Contributor's job title

Contributor's employer/law firm

Friendship West Baptist Church

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

7/15/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Kenneth Weatherspoon

Amount of contribution (\$) \$150

Contributor address; City; State; Zip Code  
325 N. St Paul St #2475 Dallas, TX 75201

Contributor's principal occupation  
Lawyer

Contributor's job title

Attorney at law

Contributor's employer/law firm

Self employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date  
7/15/21

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Shannon DeVaughn

7 Amount of contribution (\$) **\$25**

6 Contributor address; City; State; Zip Code

P.O. Box 4195 Menlo Park, CA 94026

8 Contributor's principal occupation

9 Contributor's job title

On-site Representative

10 Contributor's employer/law firm

Krucial Staffing

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

7/15/21

Shannon Barber  
Contributor address; City; State; Zip Code

\$75.00

2848 Appalosa Ln. Mesquite, TX 75150

Contributor's principal occupation

Lawyer

Contributor's job title

Prosecutor

Contributor's employer/law firm

Dallas County District Attorney's office

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

7/15/21

SAB Jackson  
Contributor address; City; State; Zip Code

\$30

2330 Oak Tree Dr. Unit 2808 Carrollton, IN 75006

Contributor's principal occupation

Marketing

Contributor's job title

Client Experience Mktg

Contributor's employer/law firm

AMN Healthcare

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sha Eaves</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>2007 Paducah Lane Grand Prairie, TX 75052</b>		
8 Contributor's principal occupation <b>Self Employed</b>		9 Contributor's job title <b>CEO</b>
10 Contributor's employer/law firm <b>TWFE Holdings Inc</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jane Hamilton</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>P.O. Box 227046 Dallas, TX 75222</b>		
Contributor's principal occupation <b>Politician</b>		Contributor's job title <b>Political Consultant</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Thelma Anderson</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3416 Country Club Dr W122 Irving, TX 75038</b>		
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title <b>Prosecutor</b>
Contributor's employer/law firm <b>Dallas County District Attorney's office</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date  
7/16/21

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Clayton Smith

7 Amount of contribution (\$) **\$100**

6 Contributor address; City; State; Zip Code

3300 Oak Lawn Av #600 Dallas, TX 75219

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Attorney at law

10 Contributor's employer/law firm

self employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

7/17/21

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

Gail and Donald Lofton

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

1108 Long Meadow Lane Desoto, TX

Contributor's principal occupation

retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

7/17/21

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

George Ramsey

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

2428 Lakewood Dr. Grand Prairie, TX 75054

Contributor's principal occupation

Technical Development & Change Management Consultant

Contributor's job title

Lead

Contributor's employer/law firm

Lockheed Martin

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <b>Shequitta Kelly</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/15/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael Jones</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>1715 Maplewood Dr Glenn Heights, TX 75154</b>		
8 Contributor's principal occupation <b>Law Enforcement</b>		9 Contributor's job title <b>Bailiff</b>
10 Contributor's employer/law firm <b>Dallas Sheriff's Department</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>7/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Edwin King</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>400 S. Zang Blvd Ste 105 Dallas, TX 75208</b>		
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title <b>Attorney at Law</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>7/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Reed Prospere</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>8111 Preston Rd Ste. 500 Dallas, TX 75225</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney at Law</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <p style="text-align: center;">Shequitta Kelly</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">7/15/21</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Maronda Parrott</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$100</p>
6 Contributor address; City; State; Zip Code <p style="text-align: center;">13901 Midway Rd. Ste. 102-197 Dallas, TX 75244</p>		
8 Contributor's principal occupation <p style="text-align: center;">Education Consultant</p>		9 Contributor's job title <p style="text-align: center;">CEO</p>
10 Contributor's employer/law firm <p style="text-align: center;">Advancing Brilliant Leaders Effectively, LLC</p>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">7/15/21</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Darren James</p>	Amount of contribution (\$)  <p style="text-align: center;">\$200</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">1505 Sequoia Grove Lane Lewisville, TX 75067</p>		
Contributor's principal occupation <p style="text-align: center;">Architect</p>		Contributor's job title <p style="text-align: center;">Owner</p>
Contributor's employer/law firm <p style="text-align: center;">KAI</p>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">7/15/21</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Chelsea Jennings</p>	Amount of contribution (\$)  <p style="text-align: center;">\$50</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">1362 Arch Place Dallas, TX 75215</p>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nicole Taylor	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code P.O Box 2121 Cedar Hill, TX 75106		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Attorney at Law
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jacobee Graham	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1423 Baywood Dr Dallas, TX 75217		
Contributor's principal occupation Court Management		Contributor's job title Court Coordinator
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bernadette Nutall	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 6603 Prairie Flower Dallas, TX 75227		
Contributor's principal occupation Self Employed		Contributor's job title Executive Director
Contributor's employer/law firm Circle of Support		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME Shequitta Kelly		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/15/21	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeremy Brigham	<b>7</b> Amount of contribution (\$) \$25
<b>6</b> Contributor address; City; State; Zip Code 411 W. Commerce St. Dallas, TX 75207		
<b>8</b> Contributor's principal occupation		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> July 18, 2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Derrick Julkes	<b>Amount of contribution (\$)</b> \$250
<b>Contributor address; City; State; Zip Code</b> 5009 W. 19th St Gary, IN		
<b>Contributor's principal occupation</b> Law		<b>Contributor's job title</b> Lawyer
<b>Contributor's employer/law firm</b> Self Employed		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 7/17/21	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ April Wyatt	<b>Amount of contribution (\$)</b> \$20
<b>Contributor address; City; State; Zip Code</b> 6314 Parkstone Way Dallas, TX 75249		
<b>Contributor's principal occupation</b> Education		<b>Contributor's job title</b> Principal
<b>Contributor's employer/law firm</b> DISD		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Damon and Shareeka Meadows	7 Amount of contribution (\$) \$250
	6 Contributor address; City; State; Zip Code 124 Ervin Street Hendersonville, TX 37075	
8 Contributor's principal occupation Division Merchandise Manager		9 Contributor's job title Vice President
10 Contributor's employer/law firm Dollar General		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ugalahi Offoboche	Amount of contribution (\$) \$50
	Contributor address; City; State; Zip Code 2331 Gus Thomasson Rd #150 Dallas, TX 75228	
Contributor's principal occupation Law		Contributor's job title Lawyer
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jennifer Castillo	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 6934 Rocky Top Dallas, TX 75252	
Contributor's principal occupation Law		Contributor's job title Lawyer
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <b>Shequitta Kelly</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/28/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tiffany Garner</b> 6 Contributor address; City; State; Zip Code <b>13277 Minden Dr. Fishers, IN 46037</b>	7 Amount of contribution (\$) <b>\$500</b>
8 Contributor's principal occupation <b>Business Coach</b>		9 Contributor's job title <b>Owner</b>
10 Contributor's employer/law firm <b>Certify My Biz</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>7/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tulani Washington</b> Contributor address; City; State; Zip Code <b>3333 Lee Pkwy Ste. 600 Dallas, TX 75219</b>	Amount of contribution (\$) <b>\$100</b>
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Lawyer</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>7/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Angel Adams</b> Contributor address; City; State; Zip Code <b>215 Linda LN- Irving, TX 75062</b>	Amount of contribution (\$) <b>\$200</b>
Contributor's principal occupation <b>Health Care</b>		Contributor's job title <b>Nurse Practitioner</b>
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date  
7/28/21

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Shawnkeedra Martin

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$250

104 Penn St. Waxahachie, TX 75165

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Prosecutor

10 Contributor's employer/law firm.

Dallas District Attorney's Office

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/3/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Jason Ross

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$100

3766 Summit Ct. Frisco, TX 75034

Contributor's principal occupation

Sales

Contributor's job title

Sales Manager B2B

Contributor's employer/law firm

AT&T

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/3/21

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Tira Brown

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$25

7611 Evanwood Ct Fort Wayne, TX 46816

Contributor's principal occupation

Education

Contributor's job title

Teacher

Contributor's employer/law firm

Canterbury School

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

7/19/21

5 Full name of contributor  
James Fitzgerlad

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

2020 W. Wheatland Road- Dallas, TX 75232

8 Contributor's principal occupation

Associate Paster

9 Contributor's job title

10 Contributor's employer/law firm

Friendship West Baptist Church

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/4/21

Full name of contributor  
Zerlene Rogers

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

3655 Prairie Waters Apt. 4312 Grand Prairie, TX 75052

Contributor's principal occupation

Stylist

Contributor's job title

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/12/21

Full name of contributor  
Defron Fobb

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

219 Lakeview Pl Stockbridge, GA 30281

Contributor's principal occupation

Education

Contributor's job title

Teacher/Coach

Contributor's employer/law firm

Cobb County School District

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

# SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <p style="text-align: center;">Shequitta Kelly</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">8/4/21</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Harrison Blair</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$50</p>
6 Contributor address; City; State; Zip Code <p style="text-align: center;">2922 MLK Blvd Dallas, TX 75215</p>		
8 Contributor's principal occupation <p style="text-align: center;">President</p>		9 Contributor's job title <p style="text-align: center;">President</p>
10 Contributor's employer/law firm <p style="text-align: center;">Dallas Black Chamber of Commerce</p>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">8/1/21</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Denise O'neal</p>	Amount of contribution (\$)  <p style="text-align: center;">\$20</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">6711 Church St. Apt 24A Riverdale, GA 30274</p>		
Contributor's principal occupation <p style="text-align: center;">Customer Service</p>		Contributor's job title <p style="text-align: center;">Customer Service Specialist</p>
Contributor's employer/law firm <p style="text-align: center;">Chime Solutions</p>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <p style="text-align: center;">8/2/21</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Angel Mahoney</p>	Amount of contribution (\$)  <p style="text-align: center;">\$50</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">79278 N. MarArthur Blvd #3098 Irving, TX 75063</p>		
Contributor's principal occupation <p style="text-align: center;">Self Employed</p>		Contributor's job title <p style="text-align: center;">Owner</p>
Contributor's employer/law firm <p style="text-align: center;">Everyday connect</p>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

9/2/21

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

Rhonda Pennington

7 Amount of contribution (\$)

\$100

6 Contributor address; \_\_\_\_\_

City;

State;

Zip Code

3714 Bermuda Dr Rowlett, TX 75088

8 Contributor's principal occupation

Dallas County Clerk

9 Contributor's job title

Chief

10 Contributor's employer/law firm

Dallas County

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/6/21

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

Channie Hopkins

Amount of contribution (\$)

\$20

Contributor address; \_\_\_\_\_

City;

State;

Zip Code

114 Wild River Court Desoto, TX 75115

Contributor's principal occupation

Human Resouces Professional

Contributor's job title

Recruiting Consultant

Contributor's employer/law firm

TFI Family Services

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/12/21

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

Teionna Thompson

Amount of contribution (\$)

\$200

Contributor address; \_\_\_\_\_

City;

State;

Zip Code

908 Carthage Way Arlington, TX 76017

Contributor's principal occupation

Student

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME <p style="text-align: center;">Shequitta Kelly</p>		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Randy Fisher</p>	7 Amount of contribution (\$)  <p style="text-align: center;">\$1000</p>
6 Contributor address; City; State; Zip Code <p style="text-align: center;">12801 E. New Market Street Carmel, IN 46032</p>		
8 Contributor's principal occupation <p style="text-align: center;">Certified NFL Contract Advisor</p>		9 Contributor's job title <p style="text-align: center;">Owner/Co Founder</p>
10 Contributor's employer/law firm <p style="text-align: center;">Ascend Athletics</p>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Mary Peterson</p>	Amount of contribution (\$)  <p style="text-align: center;">\$100</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">1329 N. Harlem Ave Unit 1 Oak Park, IL 60302</p>		
Contributor's principal occupation <p style="text-align: center;">Education</p>		Contributor's job title <p style="text-align: center;">Primary School Teacher</p>
Contributor's employer/law firm <p style="text-align: center;">John F. Kennedy School</p>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="text-align: center;">Myesha Harris</p>	Amount of contribution (\$)  <p style="text-align: center;">\$50</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">437Castle St. Desoto, TX 75115</p>		
Contributor's principal occupation <p style="text-align: center;">Health Care Administrator</p>		Contributor's job title <p style="text-align: center;">Administrator/Owner</p>
Contributor's employer/law firm <p style="text-align: center;">New Vision Home Health Service, Inc</p>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <b>Shequitta Kelly</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jeneba Barrie</b>	7 Amount of contribution (\$)  <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>133 N. Riverfront Blvd Dallas, TX 75207</b>		
8 Contributor's principal occupation <b>Lawyer</b>		9 Contributor's job title <b>Prosecutor</b>
10 Contributor's employer/law firm <b>Dallas District Attorney's office</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
7/15/21

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

Black Family Good Governance

7 Contributor address; City; State; Zip Code

1133 S. Madison Ave. Dallas, TX 75208

8 Amount of Contribution \$  
\$2162.95

9 In-kind contribution description

Fundraiser

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)

Firm

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

n/a

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#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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.

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Shequitta Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/14/21	<b>5</b> Payee name Walgreens	
<b>6</b> Amount (\$) \$29.98	<b>7</b> Payee address; City; State; Zip Code 501 E Beltline lane Cedar Hill, Texas 75104	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Covid masks
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/12/21	Payee name Ashanequia Hopkins	
Amount (\$) \$30	Payee address; City; State; Zip Code 2400 S. Hampton Rd. #9304 Glenn Heights, TX 75154	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description T shirt printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/12/21	Payee name Jae's Custom Designs	
Amount (\$) \$100	Payee address; City; State; Zip Code 305 W. Commerce St. Apt 233 Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign paraphenlia
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Shequitta Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 7/19/21	<b>5</b> Payee name Numo (Jesus Carillo)
--------------------------	---

<b>6</b> Amount (\$) \$120	<b>7</b> Payee address; 1072 E. US-175 Kaufman, TX 75142	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Campaign mugs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 7/19/21	Payee name USPS
-----------------	--------------------

Amount (\$) \$49	Payee address; 475 E FM 138 Cedar Hill, TX 75104	City;	State;	Zip Code
---------------------	---	-------	--------	----------

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

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

Date 7/14/21	Payee name Homegoods
-----------------	-------------------------

Amount (\$) \$27.01	Payee address; 386 E FM 138 Cedar Hill, TX 75104	City;	State;	Zip Code
------------------------	---	-------	--------	----------

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

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

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Shequitta Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/15/21	<b>5</b> Payee name Sherrell Adams	
<b>6</b> Amount (\$) \$233.33	<b>7</b> Payee address; City; State; Zip Code 6303 Frisco Square Blvd. Apt 345 Frisco, TX 75034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description DJ
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/15/21	Payee name Tavia Whitlowe	
Amount (\$) \$100	Payee address; City; State; Zip Code 1430 Dragon Ste. 19 Dallas, TX 75207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Photographer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/15/21	Payee name DeDe McGuire	
Amount (\$) \$133.33	Payee address; City; State; Zip Code 2221 E. Lamar Blvd Ste. 400- Arlington, TX 76006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Host
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Shequitta Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/09/21	<b>5</b> Payee name Constant Contact
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<b>6</b> Amount (\$) \$10.66	<b>7</b> Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) other	<b>(b)</b> Description Emailing platform
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/28/21	Payee name Ashanequia Hopkins
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Amount (\$) \$300	Payee address; 2400 S. Hampton Rd. #9304 Glenn Heights, TX 75154	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor	Description Indexing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/15/21	Payee name Sign Art Etc.
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Amount (\$) \$38.35	Payee address; 181 Sagamore Pkwy S B Lafayette, IN 47905	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description back drop
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/21	5 Payee name Raison Thompson
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6 Amount (\$) \$50	7 Payee address; 2003 Canterbury Dr. Seagoville, TX 75159	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description P2P
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/21	Payee name Constant Contact
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Amount (\$) \$10.66	Payee address; 1601 Trapelo Rd Waltham, MA 02451	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees	Description Emailing platform
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/30/21	Payee name Homegoods
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Amount (\$) \$12.96	Payee address; 386 E FM 138 Cedar Hill, TX 75104	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Thank you cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Shequitta Kelly		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/15/21		<b>5</b> Payee name Beverley's			
<b>6</b> Amount (\$) \$467.63		<b>7</b> Payee address; City; State; Zip Code 3215 N. Fitzhugh Ave, Dallas, TX 75204			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Volunteer luncheon		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/21		Payee name Nicole Taylor			
Amount (\$) \$100		Payee address; City; State; Zip Code P.O. Box 2121 Cedar Hill, TX 75106			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation		Description Nicole Taylor for Judge		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/13/21		Payee name Roshae Moore			
Amount (\$) \$40		Payee address; City; State; Zip Code 7878 Marvin D Love Fwy Apt 6105 Dallas, TX 75237			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor		Description P2P		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Shequitta Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/22/21	<b>5</b> Payee name Constant Contact
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<b>6</b> Amount (\$)  \$10.66	<b>7</b> Payee address; 1601 Trapelo Rd Waltham, MA 02451 City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) fees	<b>(b) Description</b> Email Platform
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/21	Payee name Office Depot
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Amount (\$) \$21.65	Payee address; 39759 Lyndon B Johnson Fwy Ste 400 Dallas, TX 75237 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Petition copies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/29/21	Payee name Constant Contact
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Amount (\$) \$31.98	Payee address; 1601 Trapelo Rd Waltham, MA 02451 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Email Platform
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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