# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Mrs Shelly	∠ MI	OFFICE USE ONLY
NAME	NICKNAME LAST AKER	SUFFIX	Date Received ROTTO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  811 Mallard Dr	CITY: STATE: ZIP CODE	S DEPAR
Change of Address  5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	9 11
OFFICEHOLDER PHONE	(972.) 998.8553	EXTENSION	Date Hand-delivered Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Wancy	МІ	Date Processed
NAME	NICKNAME LAST	SUFFIX	
	Sander	ford	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT		STATE; ZIP CODE
ADDRESS (Residence or Business)	131 Blackburn	Dr Coppell	TX 75019
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(214) 697-858	5	
9 REPORT TYPE	January 15 30th day befor	re 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
O V LI NLD	01 01/202:	2 THROUGH $OG$	30 / 2022
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primai	ry Runoff Other Description	
	11 08 / 22 Gener	ral Special	[
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	n/A	Dallas C	o. Treasurer
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REC	RES MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TI	REASURER NAME	
	COMMITTEE CAMPAIGN T	TREASURER ADDRESS	
	GO TO	D PAGE 2	

### RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT

	E / OFFICEHOLD N FINANCE REPO		9: 46 c		ORM C/OH HEET PG 2
15 C/OH NAME	Shelly LA	Kerly	16 Fil	er ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	E.	ITICAL CONTRIBUTIONS (OTHER BUARANTEES OF LOANS, OR ELECTRONICALLY)	R THAN	\$ -	-0-
	TOTAL POLITICAL COI     (OTHER THAN PLEDGES,	NTRIBUTIONS LOANS, OR GUARANTEES OF L	OANS)	\$ 6	,876.00
EXPENDITURE TOTALS	TOTAL INITEMIZED POLITICAL EXPENDITURE				
	4. TOTAL POLITICAL EXP	ENDITURES		\$ 10,	205.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF T	HE LAST DAY	\$ 6	2,597.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS RTING PERIOD	S AS OF THE	\$	157.00
	wear, or affirm, under penalty of perjudiced to be reported by me under Title	•	t is true and o	correct and incl	udes all information
		Sha	11/	K	1,
		Signature	o Candidate	or Officehold	er
		-	U	0	
	Please co	mplete either option b	elow:		
(1) Affidavit	MELISSA DI Notary Public, State Comm. Expires 09 Notary ID 1317	TTO e of Texas -24-2022			
NOTARY STAMP/SEA	before me by Shally A	Vecli	: 4 12 1	day of	1.1.
M -	which, witness my hand and seal of office	ce.	is the	_ day of	4,
Signature of officer administer	ing oath Printed name	of officer administering oath	16.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1.1 - 1	Title of officer	administering oath
		OR			
(2) Unsworn Declarati					
My name is		, and my date of t	birth is		
My address is					
Executed in	(street)County, State of		(state) (month)	(zip code) , 20 (year)	(country)
		Signature of	Candidate/Offi	ceholder (Decl	arant)
orms provided by Texas Et	ics Commission wv	w.ethics.state.tx.us			Revised 8/17/202

### RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT

### SUBTOTALS - C/OH

2022 JUL 13 AM 9: 46

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

19	FILER N	Shelly LAKerly	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDU	ULE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	<b>'</b>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,876.00
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	レ	SCHEDULE E: LOANS		\$	157.00
5.	~	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	3,895,42	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	_	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	V	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,542.13	
9.	V	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	4,457.11
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	FIONS RETURNED	\$	

RECEIVED FOR FILING
DALL'SCHEDULE A1
ELECTIONS DEPARTMENT

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

	100 to 10	2022 JUL 13 AM 9: 40
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shelly L Akerly	3 Filer ID (Ethics Commission Filers)
4 Date 1/20/22	5 Full name of contributor  Out-of-state PAC (ID#:)  MeUSSa DiHo  6 Contributor address;  City; State; Zip Code  221s. Heartz Rd Coppell TX 75019	7 Amount of contribution (\$)  \$ 5.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
3/20/20	Full name of contributor out-of-state PAC (ID#:)  Bruce Watherly  Contributor address; City; State; Zip Code  811 Mallard Dr Coppell TX 75019	Amount of contribution (\$)
12	811 Mallard Dr Coppell TX 75019	
Principal occup	action / Job title (See Instructions)  Employer (See Instructions)  Sclf - ew	,
Date 3/24/22	Full name of contributor out-of-state PAC (ID#:)  Mary Turnham  Contributor address; City; State; Zip Code  1008 Boling Ranch Rd Azle TX 74020	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
bate 6/14/22	Coppell Republican Women  contributor address; City; State; Zip Code  PO Bux 2151 Wopell TX 75019	\$ 500.00
Principal occup	Pout (a) Cub	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please see Instruction guide for additional r	eporting requirements.

RECEIVED FOR FILING

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

ELECTIONS DEPARTMENT t. 2022 JUL 13 AM 9: 46

			7077 JUL 13 AM 9: 40	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Shelly L Akerly		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/22	5 Full name of contributor out-of-state PAG  Cindi Castilla	C (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address; Rd City; 4505 Dorset Rd Dallas	State; Zip Code  7X 75229	\$ 100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
	A STATE OF THE STA			
hav	nemaker/volunteer	n/A	F <sup>1</sup>	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3/30/22	Contributor address; City; 732 Modison St Coppell	State; Zip Code  7X 75019	\$ 350.00	
	eation / Job title (See Instructions)	Employer (See Instructi	ons)	
C10, CF	partner	CF04Life		
Date		C (ID#:)	Amount of contribution (\$)	
3/30/22	Cather Burrows	6 4 - 0 00		
	Contributor address; City;	State; Zip Code	\$ 500.00	
	400 Hunters Ridge Coppell	TX 75019		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
office	100 20 21 21 25	SNBC, Inc	<sup>1</sup> a	
OTTICE	manager	374 13C, 111C		
Date	2 10	C (ID#:)	Amount of contribution (\$)	
3/31/21	Diane Courtney  Contributor address; City;	State; Zip Code	\$ 100.00	
	801 Mallard Dr Coppell	TX 75019		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
	retired			
	10111701			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RESERVED FOR FILING DALLAS COUNTY ELECTISCHEDULEMA1

If the requested information is not applicable, DO NOT include this page in the reported JUL 13 AM 9: 46

The	Instruction Guide explains how to c	omplete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Shelly L AK	erly		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4/11/22	Nancy Sanderfor 6 Contributor address; 131 Blackburn Dr	City;	State; Zip Code  75 019	\$ 501.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ons)
	retired			34 55 55 56 56 56 56 56 56 56 56 56 56 56
Date	Full name of contributor  Jennie Gilche		(ID#:)	Amount of contribution (\$)
4/21/22			State; Zip Code	\$ 50.06
	3216 Marguette	City;		
	Dal	llas	7x 75019	
Principal occup	nation / Job title (See Instructions) homemaker		Employer (See Instructi	ons)
Date	<u> </u>		(ID#:)	Amount of contribution (\$)
4/23/22	1827 CVN055 Dr	City;	State; Zip Code	t 100.00
		lrung	7x 75061	000)
	etion / Job title (See Instructions) Limization Sp		Employer (See Instructi Pioneer Nat	ural Resources
Date	T 0.	out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/24/22	700 5 0 11/	city; Cuppell	State; Zip Code	\$ 100.00
Principal occup	home maker		Employer (See Instructi	ons)
	Homemare			
		18		
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea		OF THIS SCHEDULE AS NE action guide for additional re	

RECEIVED FOR FILING
DALLAS COLUMN
ELECTIONSCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report JUL 13 AM 9: 56

		100 at 10
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shelly L Akerly	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/22	5 Full name of contributor  William B. AKERN 6 Contributor address; 10200 Cypress Cove Ap+ 104 Dr Ft Myers FL 33908	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Melisa Denis	Amount of contribution (\$)
4/28/22	Contributor address; City; State; Zip Code 627 Westhaven Rd Coppell X 75019	\$ 500.00
Principal occup	Pation / Job title (See Instructions)  Employer (See Instru	ctions)
Date 5/4/22	Full name of contributor out-of-state PAC (ID#:)  Jeff Varnell	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1601 E Sandy Lake Rd Coppell TX 75019	
Principal occup	realtur / broker  Employer (See Instructions)  Coppell R	
Date 5/4/22	Full name of contributor out-of-state PAC (ID#:)  Ric - Sue Ann Roberson	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	\$ 250.00
Principal occup	pation / Job title (See Instructions)  Coppell  TX 75019  Employer (See Instru	ctions)
	I ,	e

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RECEIVED FOR FILING SCHEDULE A1

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

			LUZZ JUL IS MI 3. JO
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5 of 6
2 FILER NAME	Shelly L Aker	·W	3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
5/17/22	Toni Rabroker  6 Contributor address: City:	State; Zip Code	\$ 250.00
	2409 Vista Glen Ln	TX 75007	250.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	
off	ce manager	Spectrum	Advisors
Date		C (ID#:)	Amount of contribution (\$)
Kl. 100	Katherine Whitehi	11	
3/17/22	Katherine Whitehi Contributor address; City; 747 Meadowlark Ln	State; Zip Code	\$ 100.00
	Coppell	TX 75019	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	retired		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5/2.6/22	Lee Anne Odom		± 700 00
. ~ / ~ ~	Contributor address; City; 433 Carter Dr	State; Zip Code	\$ 500.00
	Соррен	TX 75019	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	homemaker		
Date		C (ID#:)	Amount of contribution (\$)
6/2/22	Cherie Walker		1 7 0 0 0
-12/22	Contributor address; City;	State; Zip Code	\$ 75.00
	400 Hawk Ct Coppell	TX 75019	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
1021	memaker/ volanteer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



If the requested information is not applicable, DO NOT include this page in the report 3022 JUL 13 AM 9: 56

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Shelly L	AKerly	/		3 Filer ID (Ethics Commission Filers)
- Date	5 Full name of contributor Lorraine Car	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
6/02/22	6 Contributor address;	City;			\$ 200.00
Principal occu	pation / Job title (See Instructions)	Соррен		oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
6/18/22	Full name of contributor  Ellen Theile  Contributor address;  12935 Epps Field (  pation / Job title (See Instructions)	City;	State;	Zip Code 75234	\$ 250.00
ko millo kaluta a ilaman alaman sa sa sa sa	. ,	Farmers	Branch		
Principal occup	homemaker		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG			Amount of contribution (\$)
1/8/22	Marty Ford	City;	State;	Zip Code	\$ 250.00
	4309 Alta Vista Ln	Dallas	7X	75229	
Principal occup	retired		Empl	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA(	C (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruct	tions)
	ATTACH ADDITION				

RECEIVED FOR FILING

LOANS					PASCHEDULE E FLECTIONS DEPARTMENT
If the requeste	ed information is not applicab	ole, <b>DO NO</b>	T include this pa	age in the re	- Maria - 1 ( Maria )
Th	e Instruction Guide explains he	ow to comp	lete this form.		1 Total pages Schedule E:
2 FILER NAME	shelly L Ake	erly			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS				\$ 157 00
5 Date of loan 1/20/2 2		out-of-state	V 2	)	9 Loan Amount (\$) 157
6 Is lender a financial Institution?	8 Lender address; 811 Mallard	City;	State;	Zip Code	10 Interest rate
Y (N)		Copper	1 1/4.	75019	11 Maturity date
offi	tion / Job title (See Instructions)			erry L	aw PLLC
14 Description of Co	ollateral	•		if personal fund nt (See Instructi	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupa	ation (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender [	out-of-state l	PAC (ID#:	)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State;	Zip Code	Interest rate
Institution?	1				Maturity date
Principal occupat	ion / Job title (See Instructions)		Employer (See	Instructions)	
Description of Co	llateral			if personal func nt (See Instructi	Is were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		13		Amount Guaranteed (\$)
not applieable	Guarantor address;	City;	State;		
Principal Occupat	ion (See Instructions)		Employer (See	Instructions)	
įs i.	ATTACH ADDITIO		ES OF THIS SCHE		
11 1	onasi is out-or-state rate, pie	700 0CC 1119	aotion guiue ioi	additional 1ch	g roquiromonicos

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



If the requested information is not applicable, DO NOT include this page in the reportECTIONS DEPARTMENT

#### **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

se Tra

2022 JUL 13 AM 9: 56 Solicitation/Fundraising Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Shelly 4 Date 5 Pavee name 6 Amount (\$) City: Zip Code 10788 Harry Hines Blvd \$ 82,80 Dallas 75220 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 candy for parade **PURPOSE** Event Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH NA Shelly Akery Co Treasurer Date Payee name Avery Products Corp Zip Code City; Amount (\$) State: \$130.94 www. avery. com Description Category (See Categories listed at the top of this schedule) printing labels PURPOSE Printing OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Dallas Co Treasurer nIA Shelly AKEIN Payee name Date Zip Code Amount (\$) Pavee address: City; State: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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.

2022 JUL 13 AM 9: 5

#### **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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME Shelly L AKery 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Trinity Digital Printing 4-22-22 State: Zip Code

7429 Airport Twy Richland Hills

yand signs

(b) Description

76118

**PURPOSE** Printing OF EXPENDITURE

(c)

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

8

Candidate / Officeholder name

Office sought

Office held

Ere Oak Cliff Coalition for the Arts 4-28-22 City; Amount (\$) Payee address;

Check if travel outside of Texas. Complete Schedule T.

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

107.72

215 W S. Tyler St

Dallas

TX

State:

X

75208

Zip Code

**PURPOSE** OF **EXPENDITURE**  Category (See Categories listed at the top of this schedule)

Description

parade registration

Event Experse

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officeholder living expense

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

Trinity Digital 4-28-72 Amount (\$) 3,315.16

7429 Airport Fwy

State;

Zip Code

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

Richland Hills TX

PURPOSE OF Printing **EXPENDITURE** 

signs yard

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

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EXPENDITURES MADE BY CREDIT CARD					2027 JUISCH	EDULE F4	
If the requested inforr	If the requested information is not applicable, DO NOT include this page in the report.						
		EXPENDITURE CA			*		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Office Over Polling Exp e Printing Exp Salaries/Wa	oense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F4:	2 FILER Shelly Ak				3 Filer ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	EDTOACR	EDIT CARD	\$		
5 Date 06/08/2022	6 Payee Nationa						
7 Amount (\$) 550.24	8 Payee 342 She	address; Ibyville Mills Rd	Shell	City; byville, TN	State; 37160	Zip Code	
9 TYPE OF EXPENDITURE	<b>1</b>	Political	Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense  (b) Description custom pencils for parade						
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense	
11 Complete ONLY if direct expenditure to benefit C/OH		y Akerly		fice sought llas Co Treas	office urer n/a	held	
Date	Payee	name					
06/20/2022	VistaPri	nt					
305.71		address; staprint.com		City;	State;	Zip Code	
TYPE OF EXPENDITURE	F	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE		y (See Categories listed at the top <b>expense</b>	of this schedule)	Description door hangers	Y	8	
		Check if travel outside of Texas. Con	nplete Schedule T.	Check if Au	ıstin, TX, officeholder liv	ing expense	
Complete ONLY if direct	Can	didate / Officeholder name	e Of	fice sought	Office	held	
expenditure to benefit C/OH	Shell	ly Akerly	Dal	las Co Treası	<sub>urer</sub> n/a		
	ATTAC	H ADDITIONAL COPIE	S OF THIS SO	CHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020



## EXPENDITURES MADE BY CREDIT CARD JUL 13 AM 9: 5 SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.							
		EXPENDITURE CA	TEGORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I		verhead/Rental Expense Trans Expense Trave Expense Trave		citation/Fundraising Expense Isportation Equipment & Related Expensi rel In District rel Out of Pistrict er (enter a category not listed above)	
		The Instruction Guide ex	cplains how to c	omplete this form.	·		
1 Total pages Schedule F4:	2 FILER Shelly Ak				3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	SED TO A CR	EDIT CARD	\$		
5 Date	6 Payee	name					
04/13/2022	Custom	Tees					
7 Amount (\$)	8 Payee	address;		City;	Sta	ite:	Zip Code
511.01		Crosby Rd. Suite A1	75006	<u></u>		,	,-
9 TYPE OF EXPENDITURE	. ∫■ F	Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Category printing	/ (See Categories listed at the top	of this schedule)	(b) Description logo t-shirts			
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Au	stin, TX, officehold	der living	expense
11	Can	didate / Officeholder name	9 0	ffice sought	0	office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Shell	y Akerly		llas Co Treas	urer n	/a	
Date	Payee	vista Pri	nt				
Amount (\$)	Payee	address;		City;	Sta	te;	Zip Code
175.17	Vis	ta Print co	om				
TYPE OF EXPENDITURE	<b>(10)</b> F	Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top	of this schedule)	Push Push	cards		
	(1)	Check if travel outside of Texas. Con	nplete Schedule T.	Check if Au	ıstin, TX, officehol	der living	expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	e O	ffice sought	0	office he	eld
	ATTAC	H ADDITIONAL COPIE	S OF THIS SO	CHEDULE AS NE	EDED		

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DALLAS COUNTY
ELECTIONS DEPARTMENT

# POLITICAL EXPENDITURES MADE FROM 27 JUL 13 AM 9: 56 SCHEDULE G

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

in the requested in	iornation is not applicable, be not inc				
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Shelly Akerly		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		1		
03/15/2022	Jon Lukacher				
6 Amount (\$) 995.00 Reimbursement from political contributions intended	7 Payee address; 1005 Foyette Dr 76039	City; Euless	State; Zip Code TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description			
	consulting	copywrite	er .		
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	Shelly Akerly	Dallas Co Treas	urer n/a		
Date	Payee name				
05/04/2022	Blondly				
Amount (\$) 1,920.00  Reimbursement from political contributions intended	Payee address;  www.blondly.com	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche				
	consulting logo design, website desig				
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	<sup>⊳⊩</sup> Shelly Akerly	Dallas Co Treasi	<sub>urer</sub> n/a		
Date	Payee name				
06/25/2022	USAA credit card				
Amount (\$) 855.95  Reimbursement from political contributions intended	Payee address; 9800 Fredericksburg Rd TX 78288	City;	State; Zip Code San Antonio		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche printing	Description Vistaprint: 305.71	, pens 550.24		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	Shelly Akerly	Dallas Co Treasu	<sub>urer</sub> n/a		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	DED		

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# POLITICAL EXPENDITURES MADE FROM 2022 JUL 13 AM 9: SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Transpo Travel I Travel 0	n District Out Of District	ment & Related Expense		
1 Total pages Schedule G:	2 FILER NAME Shelly Akerly				3 Filer ID (Ethics Commission Filers)				
4 Date 04/21/2022	5 Payee nar				I				
04/21/2022	USAA								
6 Amount (\$) 686.16  Reimbursement from political contributions intended	7 Payee add 9800 Fr 78288	<sub>dress;</sub> edericksburg Rd		City; State; Zip Code San Antonio TX					
8 PURPOSE OF - EXPENDITURE	(a) Category  printin	(See Categories listed at the top of this so	chedule)	(b) Description Custom Tee - \$511.01; Vistaprint - \$175.17					
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name Akerly	Da	Office sought allas Co Treasu	ırer	n/a	Office held		
	Payee nar	ne							
	Payee add	lress;		City;		State;	Zip Code		
Reimbursen services political contributions intended									
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description					
	(	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought			Office held		
Date	Payee nan	ne				600001			
Amount (\$)	Payee add	lress;		City;		State;	Zip Code		
political contributions intended									
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description					
	C	theck if travel outside of Texas. Complete Sch	edule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought			Office held		
	ATTA	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEED	ED				

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