CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 26 MS WARS WAR CANDIDATE/ MI **OFFICEHOLDER** OFFICE USE ONE Shelly NAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX. STATE: ZIP CODE **OFFICEHOLDER** 811 Mallard Dr MAILING TX 75019 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972)998-8553 PHONE MS (MRS) MR Receipt # CAMPAIGN Amount \$ TREASURER NAME Date Processed NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE TREASURER 131 Blackburn Coppeu **ADDRESS** TX 75019 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 07/01/2022 29/2022 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Runoff Other Description 108/22 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) MA Co Treasurer Dallas 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPOR	RT .	COVE	ER SHEET PG 2
15 C/OH NAME	helly Akerly		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU, CONTRIBUTIONS MADE EL	TICAL CONTRIBUTIONS (OTHER THAT ARANTEES OF LOANS, OR LECTRONICALLY)	HAN \$	-0-
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	NS)	19,472.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$	255.80
	4. TOTAL POLITICAL EXPE	NDITURES	\$	17,235.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY \$	4,017.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE \$	4, 957.00
18 SIGNATURE I swe	ear, or affirm, under penalty of perjury	, that the accompanying report is	true and correct	and includes all information
requi	ired to be reported by me under Title 15	, Election Code.		
		She	ec/ (Exis.
		Signature of	Candidate or O	fficeholder
				0
	Please com	plete either option belo	ow:	
(1) Affidavit	MELISSA DITTO Notary Public, State of Texas Comm. Expires 09-24-2026 Notary ID 131734738			
NOTARY STAMP/SEAL				
Sworn to and subscribed be	efore me by Shelly Alce	2/11	1146	ay of October
^^	nich, witness my hand and seal of office.	this th	ne <u>// -</u> da	ay of OCTOBER,
melisi- Dit	to Melissa	Ditto		
signature of officer administering		officer administering oath	Title	of officer administering oath
		OR		January Sammistering Oath
2) Unsworn Declaration				
4				
My address in		, and my date of birth	is	*
My address is				
xecuted in	(street)		(state) (zip	code) (country)
	County, State of		nth) , 2	0 (year)
		Signature of Can	didate/Officehole	der (Doolore of)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Col	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16 980 00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	ITIONS	\$ 2,492.37
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 6,800.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT	\$ 17,235.80	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	\$ -0-	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	NAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	\$ ->	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	\$	

	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1
	AKErly		3 Filer ID (Ethics Commission Filers)
7·10·22	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$)
	213 Wilshire Dr. Coppe	State; Zip Code	\$ 200.0
Retir	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 7 12.11	Full name of contributor out-of-state PAC COPPELL REPUBLICAN W Contributor address; City	omen	Amount of contribution (\$)
	P.O. BOX 2151 COPPEIL	State; Zip Code TX 75019	\$500.00
Politic	action / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#	Amount of contribution (\$)
7-12-22		State: Zlp Code	&r.
Principal occup Ret	ation / Job title (See Instructions)	Employer (See Instruction	\$50.0 ons)
Date . 12 22	Susan Fountain	(ID#:)	Amount of contribution (\$)
	10630 Chesterton Dall	State; Zip Code US,TX 75238	Fina
Exec.	ation / Job title (See Instructions)	Employer (See Instruction DCRP	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this pa

	ne Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1 2 0-F 12
Shel	ly Akerly		3 Filer ID (Ethics Commission Filers)
8 · 2 · 22		Nomen State: Zin Code	7 Amount of contribution (\$)
Principal occ	P.O. BOX 851464 Mesquerion / Job title (See Instructions)	9 Employer (See Instructi	\$100.00
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
8.3.22	City.	State: 7in Code	
	P.O. BOX 831262 RIC	hardson, TX	\$250.00
Polit	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8.4.22	Full name of contributor	c (ID#)	Amount of contribution (\$)
	5400 E. Mockingbird Ln. 1	State; Zip Code	\$ 100.00
	5400 E. MOCK Ingbird Ln. 1	State: Zip Code Palla'S, TX 75206 Employer (See Instruction Daniel S	ons)
Principal occu OWNO	pation / Job title (See Instructions)	Dallas, TX 75206 Employer (See Instruction Daniel S	ons)
Principal occu OWNO Date 8.5.22	pation / Job title (See Instructions) Full name of contributor Bill Underhill Contributor address; City: 9201 MOSS Farm Dallas	Dallas, TX 75206 Employer (See Instruction Daniel S	Amount of contribution (\$)
Principal occu OWNO Date 8.5.22	pation / Job title (See Instructions) Full name of contributor Bill Underhill	Dallas, TX 75206 Employer (See Instruction Daniel S	Amount of contribution (\$)
Principal occu OWNO Date 8.5.22	pation / Job title (See Instructions) Full name of contributor Bill Underhill Contributor address; City: 9201 MOSS Farm Dallas	Employer (See Instruction Daniel State; Zip Code TX 75243	Amount of contribution (\$)

	ested information is not applicable, DO NOT incl	iude this page in the	report.
	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
Shelly	akerly		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (I Larry Richardson 6 Contributor address: Apt. City. 3320 Reagan St. III Dallas	7 Amount of contribution (\$) \$10.00	
8 Principal occurs Sale	spation / Job title (See Instructions)	Employer (See Instruction	ions)
8·10·22	Full name of contributor out-of-state FAC (III Cheryl Kinney Contributor address; City; 5214 Palomar Ln. Dallas		Amount of contribution (\$)
Principal occup Phy	ration / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8 · 18 · 22	Full name of contributor out-of-state PAC (IC Gayle Porter Contributor address; City; 5851 Waggoner Dallas	State; Zip Code	Amount of contribution (\$)
Principal occup. Reti	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8 18 22	Cecil Contributor address: City: 3532 Miles St. Dallas)#:) 2	Amount of contribution (\$)
Retir	3000 / Joh title (See Instructions)	Employer (See Instruction	(anc
	ATTACH ADDITIONAL COPIES OF I	THIS SCHEDULE AS NE	EDED

2 FILER NAME	Instruction Guide explains how to complete thi	s form.	Total pages Schedule A1: 4 of 12
Shelly	akerly	3	Filer ID (Ethics Commission Filers)
	3953 Maple ave. Ste 150 I	State: Zin Code	# 2000.00
Principal occi Cha	Irman	9 Employer (See Instruction Deason Ca.	
Date 2.1.0.0	=ull name of contributor out-of-state PAGE MAYIANNE WILSON		Amount of contribution (\$)
	138 Turtle Dove Ln Gra	State: Zip Code Ford, TX 76449	\$20.00
Directi	r of Diversity Relationship	Employer (See Instructions OS OMNI LOGI	stics
Date	Full name of contributor	State: Zin Code	Amount of contribution (\$)
Principal occur Ret	atior / Job title (See Instructions)	Employer (See Instructions	
Date 8-27 22	Full name of contributor out-of-state PAC JONICA CASON Contributor address; City: 525 Rolling Hills Rd. Cop	State: Zin Code	Amount of contribution (\$)
Principal occup Homem	ation / Job title (See Instructions)	Employer (See Instructions)

•	sted information is not applicable, DO NOT in	ictude this page in the r	eport.
	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Shelly	akerly	•	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Qut-of-state PAI Autumn McCall 6 Contributor address; City: 1903 Canada Dr. Dalla.	State: Zin Code	7 Amount of contribution (\$) \$150.00
Principal occu	pape 1/ Job title (See Instructions)	9 Employer (See Instruction	
Date 9.4.22	=ull name of contributor out-of-state PAC SUSAN A. FOUNTAIN Contributor address; City; 10630 Chesterton Dr. Da	State: Zip Code NaSTX 75238	Amount of contribution (\$)
	utive Director	Employer (See Instruction DCRP	ons)
	3929 Bowser ave. Da	State: Zip Code	Amount of contribution (\$) \$\frac{1}{7}200.00
Principal occup Att	ation / Job title (See Instructions)	Julie Ladr	
9.8.22	Full name of contributor out-of-state PAC Libby Boren Contributor address; City: 479 Country Ln. Coppell	State: Zin Code	Amount of contribution (\$) \$100.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEI	EDED

SCHEDULE A1

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

2 FILER NAME	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
Shell	y akerly		3 Filer ID (Ethics Commission Filers)
4 Date 9.8.22	478 Harris St. Coppel	Out. 7: 0	7 Amount of contribution (\$) \$\frac{4}{100.00}\$
8 Principal occu	Sales Entrepreneur	9 Employer (See Instructi	ions)
	Edward Baxter Contributor address; City; 1602 Deerwood Dr. Ro	State: Zip Gode	Amount of contribution (\$)
	ration / Job title (See Instructions) Partner	Employer (See Instruction BISON Creek	cons) L'Capital
Date 9-15-22	Caroline allen Contributor address; Contributor Dallas	State; Zip Code STX 75225	Amount of contribution (\$)
Principal occup Reti	ation / Job title (See Instructions)	Employer (See Instruction	
Date 9 · 15 · 22	Full name of contributor out-of-state PAC DOUG DEASON City: 10134 Waller Drive Dalla	State; Zip Code	Amount of contribution (\$) \$2,000.00
Principal occup. 9nves	ation / Job title (See Instructions)	Employer (See Instruction Deason Ca	ons)
		F THIS SCHEDULE AS NE	

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

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1
FILER NAME			70+ 12
Shell	akerly		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state f	PAC (ID#)	7 Amount of contribution (\$)
1.15.22	Darrell Day 6 Contributor address: City: 1303 Chickasaw Dr. Ri	State; Zip Code chardson, TX	\$ 200.00
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction	
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
9-15-22	Clay Russell Contributor address; City; 17675 West Buena Vista D	State: Zip Code	\$500.00
Reti	pation / Job title (See Instructions)	Employer (See Instruction	- 300.00
Date	Full name of contributor out-of-state P. Nancy Sanderford	AC (ID#)	Amount of contribution (\$)
9.15.22	Nancy Sanderford Contributor address; City; 131 Blackburn Dr. Cop	State: Zip Code PPEILTX 75019	\$1,000.00
Principal occup Retir	ation / Job title (See Instructions)	Employer (See Instruction	
Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
7-16-22	810 Mallard Dr. Coppel	State; Zip Code	\$500.00
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instruction NICE Ltd.	s)

SCHEDULE A1

	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1.
Shelly	yakerly		3 Filer ID (Ethics Commission Filers)
Principal occur	5 Full name of contributor out-of-state PATHOMAS CAPTER 6 Contributor address: City: 3101 Bluffview Dr. Gr pation / Job title (See Instructions)	State: Zip Code Arland, TX 7504	7 Amount of contribution (\$) \$50.00
Ret	ired	9 Employer (See Instruc	tions)
Pate 7-18-22	Northwood Republical Contributor address: City:	n Women	Amount of contribution (\$)
Principal occup	3125 Greenbrier Dr.	Dallas IX 75	225 \$1400.00
Politi	cal club	Employer (See Instruc	tions)
Pate 9 · 18 · 22	Coppell Republican M Contributor address, City, P. O. BOX 2151 Coppell	State: Zip Code TX 75019	Amount of contribution (\$)
r micipal occupa	ation / Job title (See Instructions)	Employer (See Instruct	
Date - 19-22	Full name of contributor out-of-state PACE Jerry Reynolds Contributor address; City: 2125 Shari Ln. Garla		Amount of contribution (\$) \$500.00
Principal occupa	ition / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES O		

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Revised 8/17/2020

	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
Shell	ly akerly		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)		20.00
and the same of th	draiser	Battle fie	ens) Id Consulting
Date 0	Full name of contributor ut-of-state KATHRYN LEWIS Contributor address; City;	PAC (ID#	Amount of contribution (\$)
9-22-22	Contributor address; City; 11721 Hillcrest Rd. 1	State; Zip Code Dallas, TX 7523	o \$50.00
Principal occup Ret	pation / Job title (See Instructions)	Employer (See Instruction	
Date 9-22-2 2	Full name of contributor uut-of-state Lane Sullivan Contributor address; City; 6735 Santamaria La	State: Zin Code	Amount of contribution (\$)
Principal occup Reti	pation / Job title (See Instructions)	Employer (See Instruction	
Date	Full name of contributor aut-of-state	PAC (ID#)	Amount of contribution (\$)
1.22.22	Contributor address: City; 10839 Cinderella Ln. I	State: Zip Code Vallas TX 75229	\$100.00
Retii	ation / Job title (See Instructions)	Employer (See Instruction	

	e Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1.
Shelly	akerly		3 Filer ID (Ethics Commission Filers)
4 Date 9-22-22	5 Full name of contributor Dourdan		7 Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	\$150.00
Date	Full name of contributor		Amount of contribution (\$)
Principal occup	7323 Lakehurstave	State, Zip Code Dallas TX 75230 Employer (See Instruction	\$ 200.00
Ke	tired		
Date 7:22:22	ROBLING Own burgin	State: Zin Code	Amount of contribution (\$)
Reti	ation / Job title (See Instructions)	Employer (See Instruction	
Date 7-22		Allen State; Zip Code	Amount of contribution (\$)
	6150 Averill Way Dai	11as,TX 75209	\$500.00
Re Re	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
Shell.	yaKerly		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state Mark Hajdu		7 Amount of contribution (\$)
	6 Contributor address: City: 6805 Sedgwick Dr. De patic n / Job title (See Instructions)		\$200.0
	resident	9 Employer (See Instruct Triumph Co	ons) Themercial RE
Date	Full name of contributor out-of-state Marty Forte		
	Marty Forte Contributor address: City; 4309 Alta Vista Ln. 1	State: Zip Code Dallas, TX 75229	\$100.0
Principal occup Reti	in a soo tide (See Hisuactions)	Employer (See Instructi	ons)
Date .22.22	Full name of contributor out-of-state Diane Courtney Contributor address: City:	PAC ;ID#	Amount of contribution (\$)
	802 Mallard Dr. Co.		\$100.0
Principal occup Reti	ation / Job title (See Instructions)	Employer (See Instructi	
Date	Full name of contributor . Quit-of-state Susan Bright	PAC (ID#)	Amount of contribution (\$)
·23·22	4668 Livingston ave	State; Zip Code 2. Dallas, TX	, 500.02
	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

	The Instruction Guide explains how to complete th	is form	1 Total pages Schedule A1.
2 FILER NA		is ioriii.	12 of 12
She	lly akerly		3 Filer ID (Ethics Commission Filers)
4 Date 9-23-2	William Katz	State; Zíp Code	7 Amount of contribution (\$)
3 Principal q		IASTX 75230	
Ret	ired	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	.C (ID#)	Amount of contribution (\$)
9.24.2	210 oregon ave Dalla	State; Zip Code STX 75230	\$150.00
Principal oc Re	cupation / Job title (See Instructions)	Employer (See Instruction Silver 9m	ons)
Date	Full name of contributor	C (ID#) State; Zip Code	Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
FILER NAME	1 of 4
Shelly Akerly	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	ONS \$
Date 6 Full name of contributor Out-of-state PAC (ID#	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributes add	\$500 food, parling
4408 Alta Vista Ly Dallas TX 75229	for event
Principal population () 1 1 1 111	Check if travel outside of Texas. Complete Schedul Employer (FOR NON-JUDICIAL)(See Instructions)
	- Mary Structions)
Contributor's principal occupation (FOR JUDICIAL) 13	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) 15	Law firm of contributor's spouse (if any) (FOR JUDICIAL
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 In-kind contribution
171 Brenda Broderick	Contribution \$ description
127 Contributor address; City; State; Zip C	event
Principal assuration (14 17) Fm Branch 7523	Check if travel outside of Texas. Complete Schedule
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)	
	The second secon

SCHEDULE A2

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

2 FILER NAM	he Instruction Guide explains how to complete this for	m.	1 Total pages Scheo	dule A2: 2 of 4	
Shelly A			3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 9/15/27	6 Full name of contributor □ out-of-state PAC (ID#: Mary Caldwell 7 Contributor address; City: State; 14 127 Tanglewad Dr. Tarmers Brane Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outs	9 In-kind contribution description	
	principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)			ise (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		and the second		
Date 9-8-22		Zip Code 75019	Amount of Contribution \$ \$ 450	In-kind contribution description food, beverage for event de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL)			AL)(See Instructions)	
	employer/law firm (FOR JUDICIAL)			DICIAL) (See Instructions) se (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.

SCHEDULE A2

	nstruction Guide explains how to complete this form	1.	1 Total pages Scheo	1 Total pages Schedule A2: 3 4 4		
² FILER NAME Shelly Aker	ly		3 Filer ID (Ethics Co	ommission Filers)		
TOTAL OF L	INITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
9-21-22 7 6/2 10 Principal occupate 2 Contributor's principal	on Wagginer De	13 Contribu	Check if travel outs or (FOR NON-JUDICI utor's job title (FOR JL	I g In-kind contribution I description I food, Valet I fir event Ide of Texas. Complete Schedule AL)(See Instructions) JDICIAL)(See Instructions)		
	child, law firm of parent(s) (if any) (FOR JUDICIAL)	13 Law IIII	n of contributors spou	se (if ariy) (FOR JUDICIAL)		
21	Full name of contributor out-of-state PAC (ID#	5043	♥ 333.33	I In-kind contribution description I food a beverage I for mechnique of Texas. Complete Schedule		
Contributor's princ	cipal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)		
Contributor's emp	loyer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor is a	child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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 for	n.	1 Total pages Schedule A2:		
2 FILER NAME		7 7 7		
Shelly Akerly		3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 6 Full name of contributor out-of-state PAC (ID#: 9-27-22 A Better Dullas PAC 7 Contributor address; City; State; 7030 Wakefield St Dallas TX 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			9 In-kind contribution description Went expenses In Rewlett in Remarks in	
	n Employ	er (i OK NON-JUDICI	IAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR Ju	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:			In-kind contribution I description I event expense I Cypress Waters de of Texas. Complete Schedule T.	
(See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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LOANS

SCHEDULE E

The	Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filer
	Shelly Aherly		
	IITEMIZED LOANS		\$ 6,800.00
Date of loan	7 Name of lender out-of-stat	te PAC (ID#)	9 Loan Amount (\$)
8-18-22	Shelly Akery		4,800.00
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YXN	8/1 Mallard Dr Cope	11 1 79019	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Office	manager	Akery Law P	ULC
4 Description of Colla	atera) ,	15	
none		account (See Instruc	nds were deposited into political ctions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	•
not applicable		5.2.0, <u>Lip</u> 500g	
Principal Occupati	On (See Instructions)	24 =	
office m		21 Employer (See Instructions) AKery Law PUC	
Date of loan	Name of lender	e PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral		Transfer - 15 - 24
none		Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			1000-000
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
	n (See Instructions)	Employer (See Instructions)	

SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)	,	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repa Office Ove Polling Ex Printing Ex	ayment/Reimbursement erhead/Rental Expense spense	Travel In District	uipment & Related Expense
		The Instruction Guide expla			Offici (differ a cate	agory not listed above)
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee na	ime			L.	
7-23-22	The state of the s	DRI UPrinh	14			
6 Amount (\$) \$ 247.68	7 Payee ad	uprinting, cor	1	City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of th	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	print	ing expense		Wooden to the second to the se	nagnets	
	(c)	Check if travel outside of Texes, Complete	e Schedule T.	Check if Aus	ilin, TX, afficeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida I	ate / Officeholder name	*	Office sought	•	Office held
Date	Payee nar	me				
8-1-22	No	Don Exchanged	e Cli	ub of Ga	irland	
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$ 20.00	PO	Box 472791	6	sarland	7X	75047
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Even	+ Expense	48	panade	entry fa	ee
	1	Check if travel outside of Texas, Complete	Schedule T.	Check if Ausl	lin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee nar	me				
8-3-22	Vi	sta Print				
Amount (\$)	Payee add	iress;		City;	State:	Zip Code
\$ 51.72	WWU	u. Vistoprintic	0~			Zip Oode
	Category /	(See Categories listed at the top of this	schedule)	Description	en e	
PURPOSE OF EXPENDITURE	Prin	ting		post ca	rols	
	C	heck if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	in, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officeholder name		Office sought		Office held
	ATT/	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advartising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (apters a selecce and Nicord)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		gory not listed above)
1 Total pages Schedule F1:	Shelly Akerly		3 Filer ID (Ethi	cs Commission Filers)
4 Date 8-5-22	Vista Prinit		<u> </u>	triba
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 490.02	www. Vistaprint.com			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	printing	push co	ands	
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	no expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8-9-25	Vista Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$322,95	www.vistaprint.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	printing	push	cands	
	Check if Iravel cutside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	in expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	S CONTRACTOR CONTRACTO	Office held
Date	Payee name			The state of the s
8-14-22	T-Shirt Creations			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 641.92	1225 E Crosby Rd	Carrollton	74	75006
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	printing	t-shirts	950 S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	n, TX, officeholder living	d Avgensa
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	E SOME OFFICE AND ADDRESS OF THE PARTY OF TH	Office held

SCHEDULE F1

1-1-1-1		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	ly al Committee	Event Expense Feas Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Loan Repa Office Ove Polling Exp Printing Ex	ayment/Reimbursement arhead/Rental Expense pense	Travel In District Travel Out Of Dist	uipment & Related Expense
		The Instruction Guide explain	ns how to c	omplete this form.	REST OF TOO STATE OF THE STATE	gory
1 Total pages Schedule F1:		Shelly Ake	rly		3 Filer ID (Ethi	ics Commission Filers)
4 Date 8-17-22	5 Payee na	Vista Print		MI 100		
6 Amount (\$)	7 Payee ac	ddress;		City;	State;	Zip Code
\$462.05	WW	w. Vistaprintic	on			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	priv	nting		push	cando	
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder livi	ing expanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
8-19-22	7	homas Partne	rs S	Strategies		
Amount (\$)	Payee ad	Idress: W Commerce	5+50	City;	State;	Zip Code
\$ 3750.00				Dallas	TX	75208
	Category	(See Categories listed at the top of this s	ichedule)	Description	1 200	
PURPOSE OF EXPENDITURE	Consu	Iting Expense		Strategy	y and p	olanning
		Check if travel outside of Texas. Complete So	cheduje T.	Check if Austin	n, TX, officeholder livi	na expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
9-1-22	In	Texas Trade	Graph	hcs		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$ 3,382.81	Wu	uw. texastrade	.gruph	JCS.com		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	prin	ting		414 50	ign prin	ting
	(Check if Iravel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder livin	ng ехреляе
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

		EXPENDITURE CATE	EGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	By al Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Loan Repaym Office Overhe Polling Exper Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse nse es/Contract Labor	Travel In District	ipment & Related Expense
7	·	The Instruction Guide expla	ins how to con	nplete this form.		
1 Total pages Schedule F1 4 7 6	2 FILER N	Shelly AK	erly		3 Filer ID (Eth	ics Commission Filers)
4 Date 9-3-22	5 Payee n	Blondly LLO			- maintain - gra-	10 to total bands
6 Amount (\$)	7 Payee a	ddress;		City		
\$ 2,000.00	www	w.blondly.co		City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of thi	is schedule) (b) Description		The state of the s
PURPOSE OF EXPENDITURE	Consu	ulting Experse	i	ivebs, te		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candid	date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9-10-22		Total Wine				
Amount (\$)	Payee ac	idress;	.,	City:	State;	Zip Code
\$ 291.95	9350	N. Central Ewy		Dallas	71(75231
	Category	(See Categories listed at the top of this	schedule)	Description	700000	
PURPOSE OF EXPENDITURE	+und,	rasing expense		exent	expense	
	2010/00/00	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	ı, TX, officeholder (ivir	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime		Tribuna		
9-15-22	5	horman C	reative	2		
Amount (\$)	Payee ad	dress;		City;	State;	71- O- d
\$ 1,200.00	www	. Shormancrea	thue co		orate,	Zip Code
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	fundra	using expense		musici	ans	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATT	ACHADDITIONAL COPIES	OF THIS SCI	HEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to	complete this form.	
2 FILER NAME Shelly Akerly	3 Filer ID	(Ethics Commission Filers)
Audson Stafford -	- Install Connec	t inc
505 W State 5+	City; St	ate; Zip Code
(a) Category (See Categories listed at the top of this schedule) Advertsing	(b) Description Sign installa	
(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Candidate / Officeholder name H	Office sought	Office held
Payee name	- West of a second	
DRI Print Place	0	
Payee address;		ate; Zip Code
1130 Ave H East	Arlington TX	76011
Category (See Categories listed at the top of this schedule)	Description Flyers	
Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officehole	der living expense
Candidate / Officeholder name	Office sought	Office held
Payee name Blondly		
Payee address;	City; Sta	ate; Zip Code
www. blond	d14.00	
Category (See Categories listed at the top of this schedule) Consulting	paphics, Soc	ial media
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	for living avances
The second of taxes, complete delicable (.		
	5 Payee name Audson Stafford 7 Payee address; 505 W Stafe St (a) Category (See Categories listed at the top of this schedule) Advertsing (c) Check if traveloutside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name DRI Print Place Payee address; //30 Ave H East Category (See Categories listed at the top of this schedule) Drihing Check if traveloutside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Blondly Payee address; www.blonc Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	7 Payee address: City: St. 505 W State St Garland TX. (a) Category (See Categories listed at the top of this schedule) (b) Description Adverts ing Sign in Stalla (c) Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officehold Candidate / Office holder name Office sought Payee name DRI Print Place Payee address: City: St. Arlington TX. Category (See Categories listed at the top of this schedule) Description Printing Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officehold Candidate / Officeholder name Office sought Payee name Blondly Payee address: City: St. Www. blondly. Co Category (See Categories listed at the top of this schedule) Description Payee address: City: St. Www. blondly. Co Category (See Categories listed at the top of this schedule) Description Description

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name
Print Place
7 Payee address; 6 Amount (\$) Zip Code 1130 Ave H East Arlington TK 76011 \$ 110.42 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** prinhing business conds **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9-28-22 Blandly Amount (\$) Payee address: City; State: Zip Code \$ 2,345.00 Www. blondly, co Category (See Categories listed at the top of this schedule) Description PURPOSE graphics, soud media Consulting EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 9-29-22 Keepers Press Amount (\$) Payee address: City; Zip Code \$ 1,728,76 1905 Alpha Rd, St. 170 Rockwall TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Yand Signs printing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED