

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mrs. Shequitta D

NICKNAME LAST SUFFIX

Kelly

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

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 214)4449322

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Dr. Frederick Douglas

NICKNAME LAST SUFFIX

Haynes

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

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

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  
01 / 01 / 24 THROUGH 06 / 30 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year ☐ 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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 905.20

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

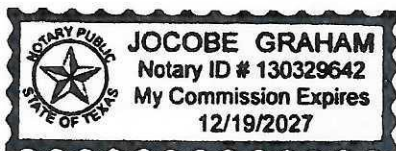
\$ 5667.32

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.



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 15 day of July,  
20 24, to certify which, witness my hand and seal of office.

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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 905.20
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	\$

# 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 1/29/24		<b>5</b> Payee name Constant Contact			
<b>6</b> Amount (\$) \$12.79		<b>7</b> Payee address; 1601 Trapelo Rd- Waltham, MA 02451 City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) other		<b>(b)</b> Description Campaign Email Service		
	<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 1/16/24		Payee name Dallas County Democrats			
Amount (\$) \$100		Payee address; 1414 N Washington Ave, Dallas, TX 75204 City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation		Description Fundraiser		
	<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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	<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**

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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)	
<b>4</b> Date 3/22/24		<b>5</b> Payee name Lasting Memories			
<b>6</b> Amount (\$) \$243.56		<b>7</b> Payee address; https://www.lmeventrentals.com/      City: Red Oak, TX      State:      Zip Code			
<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 Port o Let rental		
	<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					
Date 2/27/24		Payee name Constant Contact			
Amount (\$) \$12.79		Payee address; 1601 Trapelo Rd- Waltham, MA 02451      City:      State:      Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Campaign email service		
	<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					
Date 2/7/24		Payee name Texas Justice Democrats			
Amount (\$) \$100.00		Payee address; 6333 Mockingbird Lane Dallas, TX 75214      City:      State:      Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraiser		Description Donation		
	<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					
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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)	
<b>4</b> Date 4/29/24		<b>5</b> Payee name Constant Contact			
<b>6</b> Amount (\$) \$12.79		<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Rd- Waltham, MA 02451			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) other		<b>(b)</b> Description Campaign Email Service		
	<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 3/27/24		Payee name Constant Contact			
Amount (\$) \$12.79		Payee address; City; State; Zip Code 1601 Trapelo Rd- Waltham, MA 02451			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Campaign email service		
	<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 3/28/24		Payee name Walgreens			
Amount (\$) \$134.90		Payee address; City; State; Zip Code 1306 N Beckley Ave, Dallas, TX 75203			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift Cards for court personnel		Description Donation		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Shequitta Kelly		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/27/24		<b>5</b> Payee name Constant Contact			
<b>6</b> Amount (\$) \$12.79		<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Rd- Waltham, MA 02451			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) other		<b>(b)</b> Description Campaign Email Service		
	<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					
Date 5/28/24		Payee name Constant Contact			
Amount (\$) \$12.79		Payee address; City; State; Zip Code 1601 Trapelo Rd- Waltham, MA 02451			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Campaign email service		
	<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					
Date 5/08/24		Payee name DFW Black Prosecutor's Association			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1507 East 53rd Street, Suite 108, Chicago, IL 60615			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense/Scholarship donation		Description Donation		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					