

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:

48

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

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

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
7 / 1 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 26

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

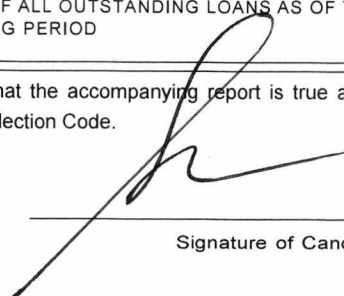
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <u>Shequitta Kelly</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>31,175</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5284.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>29,556.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

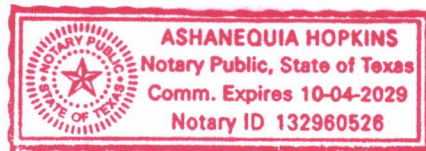
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 14 day of January, 2021, to certify which, witness my hand and seal of office.

Ashanequia Hopkins Ashanequia Hopkins Notary Public
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)

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: 35
2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephanie Huff	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code P.O. Box 225796 Dallas, TX 75222	
8 Contributor's principal occupation Judge		9 Contributor's job title Judge
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 7/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bruce Patton	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 2626 Cole Ave Suite 399 Dallas, TX 75204	
Contributor's principal occupation Lawyer		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 7/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tulani Washington	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 333 Lee Pkwy Dallas, TX 75219	
Contributor's principal occupation Lawyer		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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randall Cross	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 3500 Oaklawn Ave Unit 530 Dallas TX 75219		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
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 7/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Okey Anyiam	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 11615 Forest Central Dr.. Dallas, TX75243		
Contributor's principal occupation Lawyer		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 7/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Albert Gavaldon	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2820 McKinnon Dallas TX 75201		
Contributor's principal occupation Lawyer		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)		

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

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2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Toby Shook	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 1717 N. Harwood St. Suite 2750 Dallas, TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
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 9/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Demarcus Ward	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 1111 W. Mockingbird Ln Ste. 1480 Dallas, TX 75247		
Contributor's principal occupation Lawyer		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 7/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charles Maduka	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 2201 Main Street Dallas, TX 75201		
Contributor's principal occupation Lawyer		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)		
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2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 9/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bradley Breitbarth	7 Amount of contribution (\$) \$20
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation Retired		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 9/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mary Ruth Peterson	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1329 N. Harlem Ave Unit 1 Oak Park, IL 60302		
Contributor's principal occupation Teacher		Contributor's job title
Contributor's employer/law firm Singapore American School		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey Rosenfield	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 133 N. Riverfront Blvd Dallas, TX 75207		
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)		

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

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2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Monique Ward	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 1910 Pacific Ave, Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
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 10/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ellyce Lindberg	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 133 N. RiverFront Blvd		
Contributor's principal occupation Lawyer		Contributor's job title Assistant District Attorney
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 10/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shannon Holmes	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 8585 N. Stemmons Fwy Dallas, TX 75247		
Contributor's principal occupation Lawyer		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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME Shequitta Kelly		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nick Pittman	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 901 Main St. #3670 Dallas, TX 75202		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
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 10/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ole Estrada	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 5224 W. Jefferson Blvd. Dallas, TX 75211		
Contributor's principal occupation Lawyer		Contributor's job title Assistant District Attorney
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 10/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bob Alvarado	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2050 W 190th Street, Ste. 105A Torrance, CA 90504		
Contributor's principal occupation Chief Executive officer		Contributor's job title
Contributor's employer/law firm Court Call		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.		