

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:

13

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 154703 Irving TX 75015

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 642-4803

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms Vonda
NICKNAME LAST SUFFIX
Bailey

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
610 Uptown Blvd. Ste. 2000 Cedar Hill, TX 75104

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 212-0874

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 2018 THROUGH 06 / 30 / 2018

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 06 / 2018 General Special

12 OFFICE

OFFICE HELD (if any)
Judge of County Criminal Court #11

13 OFFICE SOUGHT (if known)
Relection of County Criminal Court #11

OFFICE USE ONLY

Date Received

2018 JUL 16 PM 1:45
CO. CRIMINAL COURT
OF APPEALS NO. 1145
DALLAS COUNTY, TEXAS
BY [Signature] DEPUTY CLERK
JOHN F. WARRREN
COUNTY CLERK
DALLAS COUNTY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Shequitta Kelly

15 Filer ID (Ethics Commission Filers)

16 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

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 768.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4759.66

CONTRIBUTION
BALANCE

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

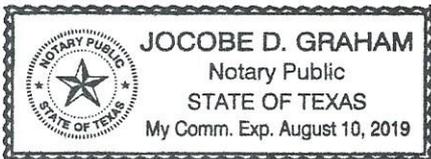
\$ 2,702.92

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SHEQUITTA Kelly, this the 16th day of July, 20 15, 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

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
SHEQUITA Kelly		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 768.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4759.66
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

4-22-18

5 Full name of contributor

Carmen White

out-of-state PAC ID#: _____

6 Contributor address;

P.O. Box 515 Rowlett, TX 75030

City; State; Zip Code

7 Amount of contribution (\$)

\$60

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Prosecutor

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

4/24/18

Full name of contributor

Jennifer Bennett

out-of-state PAC ID#: _____

Contributor address;

133 Riverfront Blvd Dallas TX 75207

City; State; Zip Code

Amount of contribution (\$)

\$65

Contributor's principal occupation

Judge

Contributor's job title

Judge

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

6/1/18

Full name of contributor

Willie Ingram

out-of-state PAC ID#: _____

Contributor address;

1801 N. Hampton Rd Ste. 300- Desoto, TX 75115

City; State; Zip Code

Amount of contribution (\$)

\$100

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

self employed

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

1-11-18

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

6 Pamela Bennett

Contributor address; City; State; Zip Code

816 Wood Glen Ln Desoto, TX 75115

7 Amount of contribution (\$)

\$25

8 Contributor's principal occupation

Banker

9 Contributor's job title

Banker

10 Contributor's employer/law firm

Comerica

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

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

Date

02-08-18

Full name of contributor out-of-state PAC ID#: _____

Brenda Vonjoe

Contributor address; City; State; Zip Code

P.o. Box 1004 Desoto, TX 75123

Amount of contribution (\$)

\$200.00

Contributor's principal occupation

Attorney

Contributor's job title

Lawyer

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

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

Date

2-22-18

Full name of contributor out-of-state PAC ID#: _____

Amber Givens-Davis

Contributor address; City; State; Zip Code

133 N. Riverfront Blvd. Dallas, TX 75207

Amount of contribution (\$)

\$193.00

Contributor's principal occupation

Judge

Contributor's job title

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

Shequitta Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

4-22-18

5 Full name of contributor

Tina Yoo Clinton

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$125

6 Contributor address;

City; State; Zip Code

4246 NorthCrest Rd-Dallas, TX 76229

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

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 01-04-18	5 Payee name Metropolitan Dallas Alumnae	
6 Amount (\$) \$250	7 Payee address; City; State; Zip Code 2525 Martin Luther King Jr Blvd. Dallas, TX 75215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date 01-15-18	Payee name Ashley Simmons	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 705 Sandbox Drive, Aubrey, TX 76227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date 1-25-18	Payee name Mouthpiece Entertainment	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4108 Rose Spirit St. Arlington, TX 76005-1130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 02-22-18	5 Payee name Ray & Wood	
6 Amount (\$) \$327.34	7 Payee address; City; State; Zip Code 22700 Bee Caves Road Ste. 200- Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-23-18	Payee name Amber Givens		
Amount (\$) \$193.00	Payee address; City; State; Zip Code 133 N. Riverfront Blvd- Dallas, TX 75207		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-2 -18	Payee name Mouthpiece Entertainment		
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4108 Rose Spirit St. Arlington, TX 76005-1130		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 03-05-18	5 Payee name Ray & Wood	
6 Amount (\$) \$144.90	7 Payee address; City; State; Zip Code 166 Wallins Corners Rd- Amsterdam, NY 12010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03-31-18	Payee name Ray & Wood		
Amount (\$) \$109.67	Payee address; City; State; Zip Code 2700 Bee Coves Rd Ste. 200 Austin, TX 78746		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	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
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Date 4-1-18	Payee name Actual Illusion Entertainment		
Amount (\$) \$106.48	Payee address; City; State; Zip Code P.O. Box 1524 Desoto, TX 75123		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Award Expense	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 04-02-18	5 Payee name Mouth Piece Entertainment	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 4108 Rose Spirit St. Arlington , TX 76005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04-03-18	Payee name Stephanie Mitchell		
Amount (\$) \$43.75	Payee address; City; State; Zip Code P.O. Box 225796 Dallas, TX 75222		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-12-18	Payee name Urban League Young Professionals		
Amount (\$) \$75	Payee address; City; State; Zip Code 4315 S. Lancaster Rd. Dallas, TX 75216		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 04-19-18	5 Payee name South Dallas Business and Professional Women's Club	
6 Amount (\$) \$214.00	7 Payee address; City; State; Zip Code P.O. Box 764587 Dallas, TX 75376	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04-04-18	Payee name Numo
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Amount (\$) \$119.95	Payee address; City; State; Zip Code 1072 US-175 Frontage Rd Kaufman, TX 75142
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Gift	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-23-18	Payee name Dont Believe The Hype
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Amount (\$) \$125	Payee address; City; State; Zip Code 320 South R.L. Thorton FWY #220 Dallas, TX 75203
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 04-23-18	5 Payee name Friendship West	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 2020 West Wheatland -Dallas TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date 06-15-18	Payee name Pizza Hut	
Amount (\$) \$40	Payee address; City; State; Zip Code 2025 Cedar Springs Rd 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date 4.23.18	Payee name FRIENDSHIP west (Urban Givings FW)	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 2020 west wheatland Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 7	2 FILER NAME Shequitta Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 01-09-18	5 Payee name Citigroup	
6 Amount (\$) \$198.00	7 Payee address; City; State; Zip Code P.O. Box 6500 Sioux Falls, SD 57117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 03-07-18	Payee name Citigroup	
Amount (\$) \$200	Payee address; City; State; Zip Code P.O. Box 6500 Sioux Falls, SD 57117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 04-09-18	Payee name Citigroup	
Amount (\$) \$102.57	Payee address; City; State; Zip Code P.O. Box 6500 Sioux Falls, SD 57117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED