

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. FIRST: Kelly MI: R  
NICKNAME: LAST: Allen Gray SUFFIX:

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 1692 Fort Worth TX 76101



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 688-9586

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. FIRST: Phyllis MI: W  
NICKNAME: LAST: Allen SUFFIX:

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2707 Ennis Ave Fort Worth TX 76111

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 999-7887

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: 03 / 23 / 2021 THROUGH Month Day Year: 04 / 21 / 2021

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 01 / 2021  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any): Ft Worth Council - Dist 8

13 OFFICE SOUGHT (if known)

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.

Additional Pages

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Allen Gray, Kelly</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>815.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>14,565.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>626.54</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>20,644.45</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>60,107.26</i>
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Kelly Allen Gray*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Kelly Allen Gray* this the *23<sup>rd</sup>* day of *April*  
*21*, to certify which, witness my hand and seal of office.  
*Norma J. Marshall* *NORMA MARSHALL* *NOTARY*  
 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 - C/OH**

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

19 FILER NAME <i>Allen Gray, Kelly</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>13,250.00</i>
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	\$ <i>20,017.91</i>
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

# SCHEDULE A1

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 A1: <i>1 of 5</i>
2 FILER NAME: <i>Allen Gray Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/21</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greater WALK PAC</i>	7 Amount of contribution (\$) <i>2,500.00</i>
6 Contributor address; City; State; Zip Code <i>2650 Parkview Dr FW TX 76102</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike &amp; Rosie Moncrief</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>777 Taylor St. FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Freese &amp; Nichols PAC</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>4055 International Plaza FW TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Campbell</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>5932 Village Course FW TX 76119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# SCHEDULE A1

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 A1: <i>2 of 5</i>
2 FILER NAME <i>Allen Gray Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Moore</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/3/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Mason</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dana Strength</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sally Cavras</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>3 of 5</i>
2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hammer &amp; Nails PAC</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>100 E. 15th St. FW TX 76102</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/27/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Rainey</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>27 Oakridge Ln Edgewood Village 76134</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daimyon Howard</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/8/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Chappell</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>4 of 3</i>
2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/10/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Paniagua</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>8125 Mount Shasta FW TX 76137</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW Firefighters Committee</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>3855 Tulsa Way FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Woodard</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5633 Granada FW TX 76119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RD Howard</i>	Amount of contribution (\$) <i>750.00</i>
Contributor address; City; State; Zip Code <i>3863 South Fwy FW TX 76110</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>3 of 3</i>
2 FILER NAME <i>Allen Gray Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Conservative Voters Forum</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>1144 Terrace Trl Hurst 76053</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R D Howard</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3863 Southway FW TX 76110</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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.

1 Total pages Schedule F1: <i>1 of 13</i>	2 FILER NAME <i>Kelly Gray Allen</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/25/2021</i>	5 Payee name <i>John Clark</i>
----------------------------	-----------------------------------

6 Amount (\$) <i>160.00</i>	7 Payee address; City; State; Zip Code <i>5616 Houghton Ave FW TX 76107</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Phone Bank</i>
	(c) <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 <i>3/25/2021</i>	Payee name <i>Francis Crawford</i>
--------------------------	---------------------------------------

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St FW TX 76119</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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Date <i>3/25/2021</i>	Payee name <i>Carrie Green</i>
--------------------------	-----------------------------------

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4208 Wilhelton FW TX 76119</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**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: <i>2 of 13</i>	<b>2</b> FILER NAME: <i>Allen Gray, Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>3/25/2021</i>	<b>5</b> Payee name: <i>Dorothy Carey</i>	
<b>6</b> Amount (\$): <i>160.00</i>	<b>7</b> Payee address: City; State; Zip Code <i>4133 Burke Rd FW TX 76119</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	<b>(b)</b> Description <i>Phone Bank</i>
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/25/2021</i>	Payee name <i>Kevin Wilson</i>
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4129 Burke Rd FW TX 76119</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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Date <i>3/25/2021</i>	Payee name <i>Mary Davidson</i>
Amount (\$) <i>192.00</i>	Payee address; City; State; Zip Code <i>6901 Windward Way Forest Hill TX 76140</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### 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: <i>3 of 13</i>	<b>2</b> FILER NAME <i>Allen Gray, Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/30/21</i>	<b>5</b> Payee name <i>Murphy Musica</i>	
<b>6</b> Amount (\$) <i>2,500.00</i>	<b>7</b> Payee address; <i>815-A Brazos St. Austin TX 78701</i>	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Digital Media</i>
	<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 <i>3/24/21</i>	Payee name <i>Print Place</i>	
Amount (\$)	Payee address; <i>1110 Ave H East Arlington TX 76011</i>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Flyers</i>
	<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 <i>3/27/21</i>	Payee name <i>Print Place</i>	
Amount (\$) <i>447.66</i>	Payee address; <i>1110 Avenue H East Arlington TX 76011</i>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Door Hangers</i>
	<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**

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: <i>4 of 14</i>	<b>2</b> FILER NAME: <i>Allen Gray Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>3/25/2021</i>	<b>5</b> Payee name: <i>Metroplex Personnel</i>	
<b>6</b> Amount (\$): <i>1,000.00</i>	<b>7</b> Payee address, City, State, Zip Code: <i>5820 Chimney Wood Circle FW TX 76112</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): <i>Contract Labor</i>	<b>(b)</b> Description: <i>Phone Bank</i>
	<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: <i>4/1/2021</i>	Payee name: <i>Vivian Wilson</i>	
Amount (\$): <i>160.00</i>	Payee address, City, State, Zip Code: <i>4129 Burke Rd FW TX 76119</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <i>Contract Labor</i>	Description: <i>Phone Bank</i>
	<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: <i>4/1/2021</i>	Payee name: <i>Carrie Green</i>	
Amount (\$): <i>160.00</i>	Payee address, City, State, Zip Code: <i>4208 Wilhelm St. FW TX 76119</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <i>Contract Labor</i>	Description: <i>Phone Bank</i>
	<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**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>5 of 13</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <i>4/1/2021</i>	5 Payee name <i>Francis Crawford</i>
---------------------------	---

6 Amount (\$) <i>160.00</i>	7 Payee address; <i>4228 Reed St.</i>	City; <i>FW</i>	State; <i>TX</i>	Zip Code <i>76119</i>
--------------------------------	--	--------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Phone Bank</i>
	(c) <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
---	-------------------------------	---------------	-------------

Date <i>4/1/2021</i>	Payee name <i>John Clark</i>
-------------------------	---------------------------------

Amount (\$) <i>160.00</i>	Payee address; <i>5616 Houghton Ave</i>	City; <i>FW</i>	State; <i>TX</i>	Zip Code <i>76107</i>
------------------------------	--	--------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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Date <i>4/1/2021</i>	Payee name <i>Dorothy Carey</i>
-------------------------	------------------------------------

Amount (\$) <i>160.00</i>	Payee address; <i>4133 Burke Rd</i>	City; <i>FW</i>	State; <i>TX</i>	Zip Code <i>76119</i>
------------------------------	--	--------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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
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**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.

1 Total pages Schedule F1: <i>6 of 13</i>		2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/1/2021</i>		5 Payee name <i>Mary Davidson</i>			
6 Amount (\$) <i>192.00</i>		7 Payee address; <i>6901 Windward Way</i>		City; State; Zip Code <i>7W TX 76140</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Phone Bank</i>		
	(c) <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					
Date <i>4/1/2021</i>		Payee name <i>Metroplex Personnel</i>			
Amount (\$) <i>1,000.00</i>		Payee address; <i>5820 Chimney Wood Cir.</i>		City; State; Zip Code <i>7W TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Phone Bank</i>		
	<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 <i>4/1/2021</i>		Payee name <i>Pappasito's</i>			
Amount (\$) <i>275.00</i>		Payee address; <i>2704 West Freeway</i>		City; State; Zip Code <i>7W TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Lunch for Campaign Workers</i>		
	<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**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>7/13</i>	<b>2</b> FILER NAME <i>Allen Gray Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>4/7/2021</i>	<b>5</b> Payee name <i>Metroplex Personnel</i>	
<b>6</b> Amount (\$): <i>1,000.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>5820 Chimney Wood Circle FW TX 76112</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	<b>(b)</b> Description <i>Phone Bank</i>
	<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 <i>4/8/2021</i>	Payee name <i>Carrie Green</i>	
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4208 Wilhelm St. FW TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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 <i>4/8/2021</i>	Payee name <i>Francis Crawford</i>	
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St FW TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Phone Bank</i>
	<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**

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: 8/13	<b>2</b> FILER NAME Allen Gray, Kelly	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/8/2021	<b>5</b> Payee name Dorothy Carey	
<b>6</b> Amount (\$) 160.00	<b>7</b> Payee address 4133 Burke Rd City: FW TX Zip Code: 76119	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Phone Bank
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

  

Date 4/8/2021	Payee name Mary Davidson	
Amount (\$) 192.00	Payee address; 6901 Windward Way City: FW TX Zip Code: 76140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Phone Bank
	<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 4/8/2021	Payee name Kevian Wilson	
Amount (\$) 160.00	Payee address; 4129 Burke Rd City: FW TX Zip Code: 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Phone Bank
	<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

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**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.

1 Total pages Schedule F1: <i>9 of 13</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/2021</i>	5 Payee name <i>John Clark</i>	
6 Amount (\$) <i>160.00</i>	7 Payee address; City; State; Zip Code <i>5616 Houghton Ave 7W TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Phone Bank</i>
	(c) <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
Date <i>4/9/2021</i>	Payee name <i>Murphy Nastica</i>	
Amount (\$) <i>5,500.00</i>	Payee address; City; State; Zip Code <i>815-A Brazos Austin TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Digital Media</i>
	<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 <i>4/13/2021</i>	Payee name <i>J+J Custom Tees</i>	
Amount (\$) <i>130.00</i>	Payee address; City; State; Zip Code <i>410 Amber Lane Crowley TX 76036</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>T-shirts</i>
	<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

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**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>10 of 13</i>		2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/15/2021</i>		5 Payee name <i>Dorothy Carey</i>			
6 Amount (\$) <i>160.00</i>		7 Payee address <i>4133 Burke Rd</i>		City; State; Zip Code <i>FW TX 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Phone Bank</i>		
	(c) <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					
Date <i>4/15/2021</i>		Candidate / Officeholder name <i>John Clark</i>			
Amount (\$) <i>160.00</i>		Payee address; <i>5616 Houghton</i>		City; State; Zip Code <i>FW TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Phone Bank</i>		
	<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					
Date <i>4/15/2021</i>		Candidate / Officeholder name <i>Francis Crawford</i>			
Amount (\$) <i>160.00</i>		Payee address; <i>4228 Reed St.</i>		City; State; Zip Code <i>FW TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Phone Bank</i>		
	<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					

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**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.

1 Total pages Schedule F1: <i>11/16/19</i>		2 FILER NAME <i>Kelly Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/15/2021</i>		5 Payee name <i>Carrie Green</i>			
6 Amount (\$) <i>160.00</i>		7 Payee address; <i>4208 Wilhelm</i>		City; State; Zip Code <i>FW TX 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Phone Bank</i>		
	(c) <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					
Date <i>4/15/2021</i>		Payee name <i>Mary Davidson</i>			
Amount (\$) <i>192.00</i>		Payee address; <i>6901 Windward Way</i>		City; State; Zip Code <i>FH TX 76140</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Phone Bank</i>		
	<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 <i>4/15/2021</i>		Payee name <i>Vivian Nelson</i>			
Amount (\$) <i>160.00</i>		Payee address; <i>4129 Burke Rd</i>		City; State; Zip Code <i>FW TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <i>Phone Bank</i>		
	<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**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <i>12 of 13</i>	<b>2</b> FILER NAME: <i>Allen Gray Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>4/15/2021</i>	<b>5</b> Payee name: <i>Metroplex Personnel</i>	
<b>6</b> Amount (\$): <i>1,000.00</i>	<b>7</b> Payee address; City; State; Zip Code: <i>5820 Chimney Rock Cir FW TX 76112</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): <i>Contract Labor</i>	<b>(b)</b> Description: <i>Phone Bank</i>
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date: <i>4/2/2021</i>	Payee name: <i>Kendy H Locke</i>	
Amount (\$): <i>250.00</i>	Payee address; City; State; Zip Code: <i>6012 Portico Dr FW TX 76132</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Consulting Expense</i>	Description: <i>Media Oversight</i>
	<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: <i>4/8/2021</i>	Payee name: <i>Print Place</i>	
Amount (\$): <i>569.88</i>	Payee address; City; State; Zip Code: <i>1110 Ave H East Arlington TX 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	Description: <i>Mails</i>
	<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

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**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: <i>3 of 13</i>	<b>2</b> FILER NAME <i>Allen Gray, Kelly</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/13/2021</i>	<b>5</b> Payee name <i>Print Place</i>	
<b>6</b> Amount (\$) <i>945.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>1110 Ave H East Arlington TX 76011</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Postage</i>
	<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	

**9** Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>4/8/2021</i>	Payee name <i>C Terry Consulting</i>	
Amount (\$) <i>800.00</i>	Payee address; City; State; Zip Code <i>5648 DeCory Rd FW TX 76134</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Oversight/Canvassers</i>
	<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
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Date <i>4/9/2021</i>	Payee name <i>C Terry Consulting</i>	
Amount (\$) <i>2499.12</i>	Payee address; City; State; Zip Code <i>5648 DeCory Rd FW TX 76134</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Campaign Oversight/Canvassers</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED