

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEXAS

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <i>22</i>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME <i>Mrs. Kelly Allen-Gray</i>		MS / MRS / MR <i>Mrs.</i> NICKNAME			
4 ORIGINAL REPORT TYPE		FIRST MI <i>Kelly</i>		Date Delivered or Postmarked	
		LAST SUFFIX <i>Allen-Gray</i>		Receipt Amount	
		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed	
5 ORIGINAL PERIOD COVERED		Month Day Year    Month Day Year <i>02 / 15 / 2012 THROUGH 04 / 02 / 2012</i>		Date Imaged	

6 EXPLANATION OF CORRECTION  
*Schedule A - Corrected itemized deductions*  
*Schedule G - Corrected political expenditures made from personal funds*  
*Report Page - Corrected total contributions less than \$50.00*

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports (excluding semiannual reports due on or after September 1, 2011):** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Kelly Allen Gray*  
Signature of Candidate or Officeholder

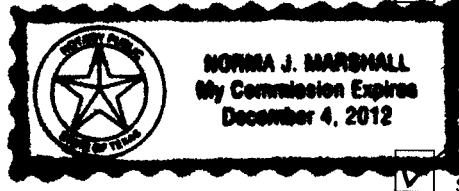
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Allen Gray 2nd* on this *2* day of *May*, 20*12*, to certify which I witness my hand and seal of office.

*Norma Marshall*  
Signature of officer administering oath

NORMA MARSHALL  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath



Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST KELLY	MI
	NICKNAME	LAST ALLEN GRAY	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2820 GALVEZ FORT, TX 76111		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST JOHNNIE	MI
	NICKNAME	LAST WELBORNE	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
301 WOODHAVEN DRIVE DESOTO, TX 75115			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(469) 831-0801			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
02/15/2012		THROUGH	
04/02/2012			
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
05/12/2012		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		CITY COMMISSION District 08	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME ALLEN GRAY, KELLY (Mrs.)

14 ACCOUNT # (Ethics Commission filers)  
00000001

### 15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

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

### 16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2,058.16
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,708.16
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	42.83
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4. TOTAL POLITICAL EXPENDITURES	\$	7,083.67
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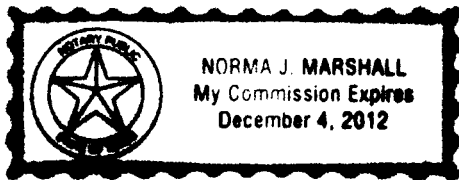
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,039.00
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 17 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.

*Kelly Allen Gray*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 2<sup>nd</sup> day of May, 2012, to certify which, witness my hand and seal of office.

*Norma Marshall*  
Signature of officer administering oath

NORMA MARSHALL  
Print name of officer administering oath

NOTARY  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 2/5 Report: 4/21	
<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  03/19/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) CAGER, DONALD  <b>6 Contributor address; City; State; Zip Code</b> 4100 ARAGON FORT WORTH, TX 76133	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  03/19/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) CRAWFORD, JULIE  <b>Contributor address; City; State; Zip Code</b> 6700 OAK HILL DRIVE FORT WORTH, TX 76132	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  02/24/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY  <b>Contributor address; City; State; Zip Code</b> 2820 GALVEZ FORT WORTH, TX 76111	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/19/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY  <b>Contributor address; City; State; Zip Code</b> 2820 GALVEZ FORT WORTH, TX 76111	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/19/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) GUILLORY, CYNTHIA  <b>Contributor address; City; State; Zip Code</b> PO BOX 15320 FORT, TX 76119	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/5 Report: 5/21	
<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  03/19/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HANDLEY, ERMA  <b>6</b> Contributor address; City; State; Zip Code 2362 FAETT COURT FORT WORTH, TX 76119	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE  Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE  Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRAMPVITZ, THOMAS  Contributor address; City; State; Zip Code 3420 POTOMAC FORT WORTH, TX 75206	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LESLIE, WILLIAM  Contributor address; City; State; Zip Code 1225 LEUDA STREET FORT WORTH, TX 76104	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 4/5 Report: 6/21	
<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  03/20/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) MACK, H.R.  <b>6 Contributor address; City; State; Zip Code</b> 6402 RUFÉ SNOW FORT WORTH, TX 76148	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  02/15/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) PARKS, ROCHIEA (Ms.)  <b>Contributor address; City; State; Zip Code</b> 3104 E. 12TH STREET FORT WORTH, TX 76111	<b>Amount of contribution (\$)</b>  \$350.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/19/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) PERDUE, BRANDON, & FIELDER  <b>Contributor address; City; State; Zip Code</b> PO BOX 13430 ARLINGTON, TX 76094	<b>Amount of contribution (\$)</b>  \$200.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/14/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) SESSION, COREY  <b>Contributor address; City; State; Zip Code</b> 2901 E. 4TH STREET FORT WORTH, TX 76111	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/02/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) SESSION, COREY  <b>Contributor address; City; State; Zip Code</b> 2901 E. 4TH STREET FORT WORTH, TX 76111	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	







**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/10 Report: 9/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/15/2012	<b>5</b> Payee name CAREY, DOROTHY
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<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/29/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 02/27/2012	Payee name CHASE BANK
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Amount (\$) \$33.50	Payee address City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/10 Report: 10/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/22/2012	<b>5</b> Payee name CITY OF FORT WORTH
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 1000 THROCKMORTON STREET FORT WORTH, TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN FILING FEES
------------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/22/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/29/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/10 Report: 11/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/15/2012	<b>5</b> Payee name DAVIDSON, MARY
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 03/22/2012	Payee name DAVIDSON, MARY
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
-------------------------------	---	--

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 03/29/2012	Payee name DAVIDSON, MARY
--------------------	------------------------------

Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
-------------------------------	---	--

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name DAVIS, ALEX
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Amount (\$) \$20.00	Payee address City; State; Zip Code 4917 OLD MANSFIELD FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/10 Report: 12/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 02/22/2012		<b>5</b> Payee name FIVE STAR STUDIOS OF TEXAS & MEDIA			
<b>6</b> Amount (\$) \$378.88		<b>7</b> Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE UNIT 100 EULESS, TX 76040			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/24/2012		Payee name FORT WORTH ASSOCIATION OF FEDERATED WOMEN			
Amount (\$) \$35.00		Payee address City; State; Zip Code 1933 LONGHORN TRAIL CROWLEY, TX 76036			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN SUPPORT EVENT	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/06/2012		Payee name GOLDEN, JACK			
Amount (\$) \$110.00		Payee address City; State; Zip Code 736 WEST CHERYL AVENUE HURST, TX 76053			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2012		Payee name GREEN, CARRIE			
Amount (\$) \$160.00		Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/10 Report: 13/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 03/22/2012		<b>5</b> Payee name GREEN, CARRIE			
<b>6</b> Amount (\$) \$160.00		<b>7</b> Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/29/2012		Payee name GREEN, CARRIE			
Amount (\$) \$160.00		Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/27/2012		Payee name HOME DEPOT			
Amount (\$) \$55.00		Payee address City; State; Zip Code 1151 BRIDGEWOOD DRIVE FORT WORTH, TX 76112			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/09/2012		Payee name METRO PCS			
Amount (\$) \$313.16		Payee address City; State; Zip Code 3031 S FREEWAY FORT WORTH, TX 76104			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/10 Report: 14/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 03/21/2012		<b>5</b> Payee name OFFICE DEPOT			
<b>6</b> Amount (\$) \$81.14		<b>7</b> Payee address City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2012		Payee name OFFICE DEPOT			
Amount (\$) \$9.19		Payee address City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2012		Payee name OSCARS MEXICAN RESTURANAT			
Amount (\$) \$15.62		Payee address City; State; Zip Code 3408 DENTON HIGHWAY HALTOM CITY, TX 76117			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MEETING TO DISCUSS CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2012		Payee name PARISH, EVELYN			
Amount (\$) \$160.00		Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/10 Report: 15/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/22/2012	<b>5</b> Payee name PARISH, EVELYN
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<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name PARISH, EVELYN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/13/2012	Payee name SIMMONS, DERRICK
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Amount (\$) \$1,410.50	Payee address City; State; Zip Code 1110 S. AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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 03/15/2012	Payee name SIMMONS, DERRICK
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Amount (\$) \$825.00	Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/10 Report: 16/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 0000001	
<b>4</b> Date 03/15/2012		<b>5</b> Payee name SIMMONS, DERRICK			
<b>6</b> Amount (\$) \$270.00		<b>7</b> Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/16/2012		Payee name SIMMONS, DERRICK			
Amount (\$) \$143.84		Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/29/2012		Payee name SIMMONS, DERRICK			
Amount (\$) \$136.00		Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2012		Payee name STATE DEMOCRATIC PARTY			
Amount (\$) \$125.00		Payee address City; State; Zip Code 3004 W. LANCASTER AVENUE FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/10 Report: 17/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/22/2012	<b>5</b> Payee name US POST OFFICE
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<b>6</b> Amount (\$) \$47.00	<b>7</b> Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/20/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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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 03/21/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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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 03/28/2012	Payee name US POST OFFICE
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Amount (\$) \$67.50	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 10/10 Report: 18/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 03/29/2012		<b>5</b> Payee name US POST OFFICE			
<b>6</b> Amount (\$) \$45.00		<b>7</b> Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/2 Report: 19/21		<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 03/20/2012		<b>5</b> Payee name CENTRAL MARKET			
<b>6</b> Amount (\$) \$22.70 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code 4651 WEST FREEWAY FORT WORTH, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Date 03/20/2012		Payee name DAVE'S FOODSTORE			
Amount (\$) \$8.28 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 301 SYLVANIA FORT WORTH, TX 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES	
Date 03/20/2012		Payee name FAMILY DOLLAR			
Amount (\$) \$5.41 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 2000 N. RIVERSIDE DRIVE FORT WORTH, TX 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Date 03/05/2012		Payee name HEB			
Amount (\$) \$23.32 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 165 N.W. JOHN JONES DRIVE FORT WORTH, TX 76028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN MEETING FOOD SUPPLIES	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/2 Report: 20/21	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/29/2012	<b>5</b> Payee name O-K PAPER CENTER
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<b>6</b> Amount (\$) \$31.64 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 5700 AIRPORT FREEWAY HALTOM CITY, TX 76117
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Date 03/05/2012	Payee name SAM'S CLUB
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Amount (\$) \$51.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2859 I - 30 WEST FORT WORTH, TX 76117
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES
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Date 03/05/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Date 03/20/2012	Payee name WALMART
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Amount (\$) \$21.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3851 AIRPORT FREEWAY FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES
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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 21/21

**2** FILER NAME ALLEN GRAY, KELLY (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
03/20/2012

**5** Name of person from whom amount is received  
CHASE BANK

**8** Amount  
(\$)  
  
\$200.00

**6** Address of person from whom amount is received; City; State; Zip Code  
MEDICAL DISTRICT BRANCH  
FORT WORTH, TX 76111

**7** Purpose for which amount is received  
BANK PROMOTION (CASH CREDIT IN ACCT FOR OPENING NEW ACCOUNT)