

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**CITY SECRETARY  
FT. WORTH, TEX**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Members)  
00000001

2 PAGE #  
1 of 15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mrs. KELLY  
NICKNAME LAST SUFFIX  
ALLEN GRAY

**OFFICE USE ONLY**

Date Received  
RECEIVED  
MAY - 4 2012  
CITY OF FORT WORTH  
CITY SECRETARY  
Date Hand Delivered or Date Postmarked  
Receipt #

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2820 GALVEZ  
FORT, TX 76111

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. JOHNNIE  
NICKNAME LAST SUFFIX  
WELBORNE

Date Processed  
Date Imaged

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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
04/03/2012 THROUGH 05/02/2012

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COMMISSION District 08

**GO TO PAGE 2**

# 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	\$	1,232.65
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,362.65
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	6,740.05
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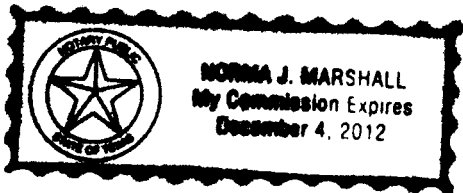
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,583.54
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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.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 3<sup>rd</sup> day of May, 2012, to certify which, witness my hand and seal of office.

Norma Marshall      NORMA MARSHALL      Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# 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: 1/3 Report: 3/15	
<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  04/23/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLEN, PHYLLIS  <b>6</b> Contributor address; City; State; Zip Code 3707 ENNIS AVENUE FORT WORTH, TX 76111	<b>7</b> Amount of contribution (\$)  \$400.00	<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  04/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BREED, CLIFF  Contributor address; City; State; Zip Code 7408 ARBOR PARK FORT WORTH, TX 76120	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)	
Date  04/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRUMFIELD, GARY  Contributor address; City; State; Zip Code 2704 ENNIS AVENUE FORT WORTH, TX 76111	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)	
Date  04/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY  Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111	Amount of contribution (\$)  \$2,080.00	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  04/18/2012	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 (\$)  \$600.00	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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/15	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  04/13/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINEBARGER, GOGAN, BLAIR, & SAMPSON LLC  6 Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN, TX 78760	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARSHALL, DONALD  Contributor address; City; State; Zip Code 2817 E. 4TH STREET FORT WORTH, TX 76111	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORFLEET, DEATRIA  Contributor address; City; State; Zip Code 106 LAKE POWELL DRIVE ARLINGTON, TX 76016	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OPEN CHANNELS  Contributor address; City; State; Zip Code PO BOX 12431 FORT WORTH, TX 76110	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PARKS, SHELBY  Contributor address; City; State; Zip Code 3104 E. 12TH STREET FORT WORTH, TX 76111	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
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: 3/3 Report: 5/15	
<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  04/24/2012	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) SESSION, COREY  ..... <b>6 Contributor address; City; State; Zip Code</b> 2901 E. 4TH STREET FORT WORTH, TX 76111	<b>7 Amount of contribution (\$)</b>  \$50.00	<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>  04/06/2012	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) URETEK-ICR INC.  ..... <b>Contributor address; City; State; Zip Code</b> 2411 THOMAS ROAD FORTH WORTH, TX 76117	<b>Amount of contribution (\$)</b>  \$500.00	<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 | 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: 1/9 Report: 6/15	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/24/2012	<b>5</b> Payee name 7-11
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<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address City; State; Zip Code 2536 E. LANCASTER AVENUE FORT WORTH, TX 76103
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GAS FOR CAMPAIGN MEETING
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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 04/04/2012	Payee name ACURA GROUP
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Amount (\$) \$500.00	Payee address City; State; Zip Code 8028 COLFAX LANE FORT WORTH, TX
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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 04/10/2012	Payee name ACURA GROUP
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Amount (\$) \$1,080.00	Payee address City; State; Zip Code 8028 COLFAX LANE FORT WORTH, TX
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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 04/12/2012	Payee name ACURA GROUP
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Amount (\$) \$500.00	Payee address City; State; Zip Code 8028 COLFAX LANE FORT WORTH, TX
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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 PAGE #</b> Schedule: 2/9 Report: 7/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/04/2012		<b>5 Payee name</b> CAREY, DOROTHY			
<b>6 Amount (\$)</b> \$160.00		<b>7 Payee address City; State; Zip Code</b> 4133 BURKE ROAD FORT WORTH, TX 76119			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/12/2012		<b>Payee name</b> CAREY, DOROTHY			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 4133 BURKE ROAD FORT WORTH, TX 76119			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/18/2012		<b>Payee name</b> CAREY, DOROTHY			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 4133 BURKE ROAD FORT WORTH, TX 76119			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/25/2012		<b>Payee name</b> CAREY, DOROTHY			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 4133 BURKE ROAD FORT WORTH, TX 76119			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/9 Report: 8/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/04/2012		<b>5 Payee name</b> CLARK, JOHN			
<b>6 Amount (\$)</b> \$160.00		<b>7 Payee address City; State; Zip Code</b> 5616 HOUGHTON AVENUE FORT WORTH, TX 76107			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <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:	
<b>Date</b> 04/12/2012		<b>Payee name</b> CLARK, JOHN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5616 HOUGHTON AVENUE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <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:	
<b>Date</b> 04/18/2012		<b>Payee name</b> CLARK, JOHN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5616 HOUGHTON AVENUE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <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:	
<b>Date</b> 04/25/2012		<b>Payee name</b> CLARK, JOHN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5616 HOUGHTON AVENUE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <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:	



# 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 PAGE #</b> Schedule: 4/9 Report: 9/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/04/2012		<b>5 Payee name</b> DAVIDSON, MARY			
<b>6 Amount (\$)</b> \$200.00		<b>7 Payee address City; State; Zip Code</b> 6901 WINDWARD WAY FORT WORTH, TX 76140			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 04/12/2012		<b>Payee name</b> DAVIDSON, MARY			
<b>Amount (\$)</b> \$200.00		<b>Payee address City; State; Zip Code</b> 6901 WINDWARD WAY FORT WORTH, TX 76140			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 04/18/2012		<b>Payee name</b> DAVIDSON, MARY			
<b>Amount (\$)</b> \$200.00		<b>Payee address City; State; Zip Code</b> 6901 WINDWARD WAY FORT WORTH, TX 76140			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 04/18/2012		<b>Payee name</b> DAVIS, ALEX			
<b>Amount (\$)</b> \$30.00		<b>Payee address City; State; Zip Code</b> 4917 OLD MANSFIELD FORT WORTH, TX 76119			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> POLITICAL ADVERTISING	
Complete <b>ONLY</b> 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 PAGE #</b> Schedule: 5/9 Report: 10/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/28/2012	<b>5 Payee name</b> DAVIS, ALEX				
<b>6 Amount (\$)</b> \$30.00	<b>7 Payee address City; State; Zip Code</b> 4917 OLD MANSFIELD FORT WORTH, TX 76119				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> POLITICAL ADVERTISING		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/04/2012	<b>Payee name</b> GREEN, CARRIE				
<b>Amount (\$)</b> \$160.00	<b>Payee address City; State; Zip Code</b> 4208 WILHELM STREET FORT WORTH, TX 76119				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/12/2012	<b>Payee name</b> GREEN, CARRIE				
<b>Amount (\$)</b> \$160.00	<b>Payee address City; State; Zip Code</b> 4208 WILHELM STREET FORT WORTH, TX 76119				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/18/2012	<b>Payee name</b> GREEN, CARRIE				
<b>Amount (\$)</b> \$160.00	<b>Payee address City; State; Zip Code</b> 4208 WILHELM STREET FORT WORTH, TX 76119				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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 PAGE #</b> Schedule: 6/9 Report: 11/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/25/2012		<b>5 Payee name</b> GREEN, CARRIE			
<b>6 Amount (\$)</b> \$145.00		<b>7 Payee address City; State; Zip Code</b> 4208 WILHELM STREET FORT WORTH, TX 76119			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/13/2012		<b>Payee name</b> LISA'S CHICKEN			
<b>Amount (\$)</b> \$20.72		<b>Payee address City; State; Zip Code</b> 716 N. RIVERSIDE DRIVE FORT WORTH, TX 76111			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> MEETING TO DISCUSS CAMPAIGN	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/28/2012		<b>Payee name</b> MARSHALL, WILLIE			
<b>Amount (\$)</b> \$70.00		<b>Payee address City; State; Zip Code</b> 2711 ENNIS AVENUE FORT WORTH, TX 76111			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> POLITICAL ADVERTING	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/04/2012		<b>Payee name</b> METRO PCS			
<b>Amount (\$)</b> \$140.00		<b>Payee address City; State; Zip Code</b> 3031 S FREEWAY FORT WORTH, TX 76104			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CAMPAIGN OFFICE SUPPLIES	
Complete <b>ONLY</b> 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 PAGE #</b> Schedule: 7/9 Report: 12/15		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/28/2012		<b>5 Payee name</b> OFFICE DEPOT			
<b>6 Amount (\$)</b> \$54.19		<b>7 Payee address City; State; Zip Code</b> 401 CARROL STREET FORT WORTH, TX 76107			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CAMPAIGN OFFICE SUPPLIES	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/04/2012		<b>Payee name</b> PARISH, EVELYN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5305 CARRIER DRIVE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/12/2012		<b>Payee name</b> PARISH, EVELYN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5305 CARRIER DRIVE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/18/2012		<b>Payee name</b> PARISH, EVELYN			
<b>Amount (\$)</b> \$160.00		<b>Payee address City; State; Zip Code</b> 5305 CARRIER DRIVE FORT WORTH, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> CONTRACT LABOR FOR CAMPAIGN SERVICES	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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: 8/9 Report: 13/15	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/25/2012	<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	(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
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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 04/18/2012	Payee name SIMMONS, DERRICK
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Amount (\$) \$809.50	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 04/04/2012	Payee name US POST OFFICE
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Amount (\$) \$90.00	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 04/10/2012	Payee name US POST OFFICE
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Amount (\$) \$47.70	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: 9/9 Report: 14/15	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/17/2012	<b>5</b> Payee name US POST OFFICE
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<b>6</b> Amount (\$) \$45.00	<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 04/20/2012	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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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2012	Payee name US POST OFFICE
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Amount (\$) \$36.00	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/03/2012	Payee name WALMART
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Amount (\$) \$10.00	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) Transportation Equipment & Related Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GAS FOR CAMPAIGN MEETING
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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 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: 1/1 Report: 15/15	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/24/2012	<b>5</b> Payee name DIGGIT CLOTHES
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<b>6</b> Amount (\$) \$40.80 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 1129 OAKGROVE FORT WORTH, TX 76134
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Date 04/24/2012	Payee name GRAPHIC SOLUTIONS GROUP
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Amount (\$) \$26.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4601 SPRING VALLEY ROAD DALLAS, TX 75244
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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
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