Texas Ethics Commissio	n P.O. Box 12070	O Austin, Texas 7	8711-2070 (512)	463-5800 (TDD 1-800-735-2989)
CAMPAIG	EEOKDOFFICE MARINANCE			FORM C/OH COVER SHEET PG 1
The CHOH Instruction	Guide explains how to	complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR MUS. NICKNAME	Kelly LLAST Uln Gra	MI SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / POBOX, APT 2820 Galve For Y Wor Yo AREA CODE PHO (817) 688-	CITY: LE AWARE L., Teylas U DNE NUMBER 95-86	STATE; ZIP CODE	RECEIVED Date Hand-delivered or Postmarked MAY = 3 2013 Receipt #CITY OF FORAMORTH CITY SECRETARY Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	Phyllis Jast Cen	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BO 2707 Ennis For HWorth	xplease); apt/suite#; Avenue , Teylas 761	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHO (\$17) 999-	DNE NUMBER 7887	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month / 02 / 13		Month Day 05 /0/	
11 ELECTION	Month ELECTION DATE Day Yes	Pnmary	Runoff 1	General Special
12 OFFICE	OFFICE HELD (Gany) H. Worth C District of	lity Council	13 OFFICE SOUGHT (if kno	own)
		GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	en Gra	y Kully	15 ACC	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF SUCH EXPENDITURES AND OFFICEHOLDERS. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) COMMITTEE(S)						
	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE S, LOANS, OR GUARANTEES OF LOANS), UNLESS I		\$6,050.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 22, 250.00					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,824.69					
	4. TOTAL POLITICAL EXPENDITURES \$ 11, 852.77					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$15,658.69					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A Y OF THE REPORTING PERIOD	AS OF THE	\$		
18 AFFIDAVIT						
Norma Jean Marshalf My Commission Expires 12/11/2016 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said Kelly Men Tray, this the						
day of, 20, to certify which, witness my hand and seal of office.						
Signature of officer adm	IN WSAW inistering oath	Printed name of officer administering oath	}// / Tr	UD FARU tle of officer administering oath		

POLITICAL	CONTRIBUTIONS
OTHER THA	AN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:
Willer, Tray Kully	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC(ID#_ O4/4/13 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Fort Worth, Texas 76112	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of earntributor out-of-state PAC (ID#_	Amount of In-kind contribution contribution (\$) description (if applicable)
Isos alton Koarl IntWorth, Tuxas 76109	250.00
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#_ Out-of-state PAC (ID#_ Contributor address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)
306 W. Th St., Ste 701 Fort Worth, Texas 76102	(500-00 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#_ DASEP DECLUSIVE Contributor address; City; State; Zip/Code	Amount of In-kind contribution contribution (\$) description (if applicable)
4/14/13 1900 Bullpark Way, Ste. 110	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of Contributor out-of/state PAC (ID#	Amount of In-kind contribution description (if applicable)
Fry Worth, Texas 76119	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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CAUS EU 1100 OOTTI	1.0. DOX 120	710 7100011, 1021	45 70711 2070	(312) 403-3000	(100 1-000-755-25
	CAL CONTRIBUTHAN PLEDGE		NS	/	SCHEDULE A
The i	Instruction Guide explains	how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER, NAME	Gray Kelly			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full hame of contributor Kdwwd P. Bis	Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
4/15/13	201 Main St. 5	ity; State; Zip Code 4. 2700 5. 76102		1,500 00	
	1011				of Texas, complete Schedule T)
Principal occup	ation / Inh title (See Instruction	ne)	10 Employer (See I	netructione)	

Date /	Full name of contributor uut-of-state PAC (ID	#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Aliala	CH2MHill repas FUC		(0)	1
מןטוןיי	Contributor address; City; State; Zip Co	,	500.00	
-	Vallas Texas 75251			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or lexas, complete scriedule 1)
Date /	Full name of contributor Out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/1/12	Contributor address; City; State; Zip Co			
1/4/10	4717 Norma St.		200.00	ľ
	Fort Worth, Turas 76/03	•	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	or reads, complete deficable 1)
Date	Full name of contributor out-of-state PAC (ID	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
14/14/13	Full name of contributor out-of-state PAC (ID AND QNUMBER CONTRIBUTION OF STATE PAC (ID Contributor address: City; State; Zip Contributor address: Value 2577)		contribution (\$)	
14/14/13	Contributor address; City; State; Zip Con 201 Main St., Ste. 2500			
4/14/13	Contributor address; City; State; Zip Con 201 Main St., Ste. 2500 Fort Work, Trexas 76/02	ie	contribution (\$)	
4/14/13	Contributor address; City; State; Zip Con 201 Main St., Ste. 2500		contribution (\$)	description (if applicable)
4/14/13	Contributor address; City; State; Zip Con 201 Main St., Ste. 2500 Fort Work, Trexas 76/02	Employer (See	Contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution
4/14/13 Principal occup	Contributor address; City; State; Zip Contributor address; Z	Employer (See	Contribution (\$)	description (if applicable)
4/14/13 Principal occup	Contributor address; City; State; Zip Contributor address; Z	Employer (See	Contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution
4/14/13 Principal occup	Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor April Winh, Texas 76/02 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID)	Employer (See	Contribution (\$) (If travel outside of instructions) Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
4/14/13 Principal occup Date 4/18/13	Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor / Stee 2500 Full name of contributor out-of-state PAC (ID) Contributor address; City; State; Zip Contributor address; City; City; Ci	Employer (See	Contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	a Tibe			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Gray, Kelly		3 ACOOUNT# (E	thics Commission Filers)
4 Date	5 Full natifie of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/22/13	Contributor address; City; State; Zip Code 2008 Four Daks Lane 2008 Tour Daks Lane	i	5,000.00	
_	TIFF WITTER, 14 years 14101			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/24/13	Contributor address; City; State; Zip Code		100.00	
	Fort World Trexas 76/01		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		result, complete concourt ry
Date	Full name of contributor out-of-state PAC (ID#_ Def-SU Price ampaign Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/13	Contributor address; City, State; Zip Code		250.00	
	Got Worth, Mexas (6183		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/13	Contributor address; City: State; Zip Code 23/0 W. Inversata LO, Ste	100	1,00.00	
	Urlington, revas 1607		(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/9 (1/2	Full name of contributor out-of-state PAC(ID#_ Contributor address: / City: State; / Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/67/10	5625 Eisenhower FortWorth, Tiexas 76/12		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	7776	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Gray Kelly		3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#	rd.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/29/13	6 Contributor address; City State; Zip Code	~. ~ . ~	100.00	[[
	Fortworth Trexas 76/03		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or takes, complete contents ty	
Date	Full name of contributor out-of-state PAC (1D#_	Kw	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/29/13	Contributor address; City: State; Zip Code 4451 Normandy Kd		100.00	 	
	Fort Worth, Tuxas 76/03		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date /)	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/29/13	Contributor address; City; State; Zip Code		100.00		
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Aull name of contributor out-of-state PAC (ID#:	lus.	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/29/13	Contributor address; City/ State; Zip Code		50.00		
	Fort Worth Tievas Ullo3		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date /	Full name of contributor. out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/29/13	Contributor address; Oity; State; Zip Code		MA	 -	
. ,	Fort World Tivas		100.00	Towns complete School: T	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Gray Kelly		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/29/13	6 Contributor address; City: State; Zip Code 5816 Leve Wand Drwe		150.00	
	Fort Worth Treyas 76107		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/1/13	Contributor address; City; State; Zip Code		500.00	
	Tortworth, refas 16102		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name_of contributor		Amount of	In-kind contribution
Alan	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
3/1//3	101 Summit ave, 54e. 208 Fort Worth, Trexas 76102		580.00	
Dringing cour	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Finicipal occup	valion 7 300 title (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
A/1/12	EXXM Mobile ACM Treyas Contributor address; City: State; Zip/Code		contribution (\$)	description (if applicable)
	5959 Las Colinas Block		500.00	
	Irring, Trexas 75039		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/1/12	Contributor address; City, State; Zip Code	5	contribution (\$)	description (if applicable)
	2301 N. Collins, Ste. 238		100.00	 -
	urungton, regas "levil			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CA	TEGORIES FOR BOX 8(a	a)	\exists
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra	laries/Wages/Contract Labor licitation/Fundraising Expense avel In District avel Out Of District fice 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)	
/	Power of the Control	olains how to complete this f		
1 Total pages Schedule F:	2 FILER HAME Gray KI	elly	3 ACCOUNT # (Ethics Commission Filers))
4 Date 4 13	5 Paylee name / (. /		
6 Arhount (\$)	Maye's address; City; State; 56/6/7000ght on Wel Fort World, Texas 10	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Gategory (See categories listed at the top of the	is schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held	
Date 4/4//3	Frances Crawford)		
Amount (\$) /60.00	Payee address; Cfty; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	is schedule) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	tht Office held	
Date 4 13	Playee name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Antiount (\$)	Payee address; City; State; Hold Wuhelm Tuyas	Zip Code Uell9		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	is schedule) Description	(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	tht Office held	
Date 4413	Payee name are			
Amount (\$)	Payee address; (City); State; 4133 Bw-ly (City); State; And Worth, Curlo	zip Code 5 Ull		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	is schedule) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/		Office soug		
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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundra Travel In District		Fransportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	tental Expense (OTHER (enter a category not listed above)
i	The Instruction Guide	explains how to	complete this form	n.
1 Total pages Schedule F:	2 FICER NAME	//		3 ACCOUNT # (Ethics Commission Filers)
2141	Willen Gray, Ne	(ly		
4 Dete	5 Payee name	1		-
414113	Waryel acidon			
6 Amount (\$)	7, Payee address; City; Sta	ate; Zip Code	· · · · · · · · · · · · · · · · · · ·	
0-0	690/ Windward Wa	u,		
200.00	Great Hills Tulas	5 76/40		
8 PURPOSE	(a) Category (See categories listed a) the top	of this schedule)	(b) Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	(In the old of how			
	Candidate / Officeholder name		Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Omoc bought	Office Held
	6.6.			
Date /	Payee name			
7/4/15	CITICE I LEPOI	ata: Zin Codo		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
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101.10	Fort Worth, Texas	s 76107		
PURPOSE	Category (See categories listed at the top		Description (travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pruha FYDERS			
	Candidate / Office holder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	,		Omoc sought	Office Field
Date 13	Playee name	wook Alu	WS	
Amount (\$)	Payee address; / City Sta	te; Zip Code		
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248.00	1-1/101/1/10/16	76124		
, 1000			Description (
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (i	travel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	он 🗸			
Date	Payee name (
4/1/13	Larry Nemphill			
Amount (\$)	Pavee address: City: Sta	ite; Zip Code		
7	8028 Cottax Lane	•		
750.10	0-1/1/2/1/	71121		
(5,1,1)	TITE WITHER, CUYES	14104		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Udvertisms Kypen	511		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/0	он О			
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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement		
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundra Travel In District		ransportation Equipment & Related Expense		
Event Expense	Polling Expense	Travel Out Of Dist		ontributions/Donations Made By Candidate/Officeholder/Political Committee		
Fees	Printing Expense	Office Overhead/R	lental Expense O	THER (enter a category not listed above)		
	The Instruction Guide	explains how to	complete this form			
1 Total pages Schedule F:	2 PILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
3/9	alle Gray Kell	4				
4 Date 4	Tranco Crawton	d				
6 Andount (\$) 120 - 10	Trayee address; Gity; Sta 4228 Keed St. In I Worth, Turka	ate; Zip Code				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)		
OF	1/61h all above					
EXPENDITURE	Contract Labor					
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held		
Date	Payee hame /) / / /					
4/10/13	John Clark					
Annount (\$)	Payee address; City; Sta	ate; Zip Code				
160.00	Sulle invagnamum	171				
100.00	fort Worth, leyas	lelot				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Contract Labor	•				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought	Office held		
Date	Rayee name					
4/10/13	Clary Division					
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	10901 Windward	Way 1				
200-00	Grest Hill, Turk	as 7614	\mathcal{D}			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	(ash and lahor					
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4/10/13	Drothy Carey					
Ameunt (\$)	Payee address: // City:) Sta	te; Zip Code				
1, 00	14/33 Burke Koa	d				
(to 0 . 00	For Worth Treva	3 Tlella				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)		
OF	1 Inchant Lakor					
EXPENDITURE	O M rati		Office and t	Office held		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office field		

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expenditure to benefit C/OH

	EXPENDITURE CATE	GORIES FOR BOX 8(a	n)	
Advertising Expense		s/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking		tion/Fundraising Expense	Transportation Equipment & Related	Expense
Consulting Expense Event Expense		n District Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political C	Committee
Fees		Overhead/Rental Expense	OTHER (enter a category not listed	
	The Instruction Guide explain	s how to complete this fo	, , ,	,
1 Total pages Schedule F:	2 FÎLER NAME		3 ACCOUNT # (Ethics Commis	sion Filers)
4191	allen Gray Nelly			
4 Date	5/ Payee name			
4/10/13	Carrie green			
6 Amount (\$)	7 Payee address: / / City: State; Zip	Code		
11 0 0	14208 (1) The Un St.			
160.00	12-11/2 To 1/2 7/2	119		
	10.100-1.011			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sch	edule) (b) Description	(If travel outside of Texas, complete Schedule	T)
EXPENDITURE	Contract Labor			
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held	
expenditure to benefit C/C				
= 1 = = =				
Date	Payee name /			
4/10/13	Larry Hemphill			
Amount (\$)	Payee address: City; State; Zip	Code		
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1200.00	Int 1/01/2 Tings 7/13	<u>(</u>		
	10/C001/11, 10/10 14/17	December -		
PURPOSE OF	Category (See categories listed at the top of this sch	Description	1 (If travel outside of Texas, complete Schedule	1)
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Complete ONLY if direct	Candidate / Offigeholder name	Office sough	ht Office held	
expenditure to benefit C/C	он			
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4/10/13	Synamic Steen the	nu ra		
Arhouht (\$)	Palyee address; City; State; Zip	Code /		
921/2	200 Done Wad, He.	H-1		
120.15	Burlison, Tuxas 76028			
PURPOSE	Category (See categories listed at the top of this scho	edule) Description	(If travel outside of Texas, complete Schedule	T)
OF	DIE			
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Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held	
expenditure to benefit C/C	DH			
Date	Payee name			
2/11/12	Lubla healer			
Amount (\$)	Payee address; City; State; Zip	Code		
Amount (4)	57/1 // Allen Short			
250 0	1 1 1 11 7 06 - 51 10	a		
20.00	York Worth, Texas lelo	2		
PURPOSE	Category) (See categories listed at the top of this sche	edule) Description	(If travel outside of Texas, complete Schedule	т)
OF EXPENDITURE	EVENT EVDENSE			
100	Candidate / Officeholder name	Office sough	ht Office held	
Complete ONLY if direct Candidate / Onceroider hame Office sought Office field expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By

Event Expense	and the second s		e/Officeholder/Political Committee		
Fees			ter a category not listed above)		
	The Instruction Guide expla	ins how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME	3 ACC	COUNT # (Ethics Commission Filers)		
0/19	Colleg Gray (le ly				
4 Date / 4/18/13	5 Payee name				
6 Amount (\$)	Payee address; / City; State; Z	ip Code			
160.D	Fort Worth, Tuxas Une	107			
8 PURPOSE OF EXPENDITURE	(a), Sategory (See categories listed at the top of this s	chedule) (b) Description (If travel outside	e of Texas, complete Schedule T)		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Davis some //				
A/18/13	Trances (rawford)				
Ambunt (\$)	Payee address; City; State; Z	ip Code			
120.00	4228 freed St.	19			
PURPOSE	Gategory (See gategories listed at the top of this se	chedule) Description (If travel outside	of Texas, complete Schedule T)		
OF EXPENDITURE	Contract Labor				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 4/18/13	Playee name /				
Andount (\$)	Payee address, City State; & HUS, Wilhelm Street And Worth, Texas U	p Code			
PURPOSE OF EXPENDITURE	Sategory (See categories listed at the top of this so	:hedule) Description (If travel outside	of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 13	Payee name Orey				
Amount (\$) (((0,0))	4133 Burke Koad Fort Worth, Tuxas 761	ip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	thedule) Description (If travel outside	of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE (CATEGORIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Food/Beverage Expense	Salaries/Wages/Contract Solicitation/Fundraising Travel In District Travel Out Of District	Expense Tra	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	3 - 10 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Office Overhead/Rental	Expense 01	THER (enter a category not listed above)	
	The Instruction Guide	explains how to comp	plete this form.		
1 Total pages Schedule F:	Ully Gray Kell	4		3 ACCOUNT # (Ethics Commission Filers	s)
4 Date 4/19/13	5 Payer name				
6 Amount (\$)		e; Zip Code			
[10.23	2913 Montgimery	le 107			
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b)	Description (If to	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Good Beverage EVRE	ense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Provee name / /	1/ 1			
4/22/13	Greater Meadrylor	TOOK News			
Arnount (\$)	Payee address; / City; State	e; Zip Code			
248.00	Sof World Turkes 71	0124			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Udreitsing Expens	(e)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name / / /				
4/22/13	Metro Mailer	I. Zin Codo			
Amourft (\$)	Payee address City; State	; Zip Code 2 809			
819.04	Fort Worth, TK 761	12			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Striking Expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
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Amount (\$)	Payee address; City: State	e; Zip Code			
414.06	5625 Crowley Koad	U#133 71.134			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expense	/			
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Advertising Expense Accounting/Banking	200 10 10 10 10 10 10 10 10 10 10 10 10 1	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra			
Consulting Expense		Fravel In District	ionig Expense	Contributions/Donation	nent & Related Expense
Event Expense	Mark word skyly All	Travel Out Of District			older/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a categorial	gory not listed above)
	The Instruction Guide e	xplains how to	complete this fo	rm.	- Pr
1 Total páges Schedule F:	2 FILER NAME)			3 ACCOUNT #	(Ethics Commission Filers)
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4 Date	5 Payee name	1			
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4/24/13	Typamic Screen	Frynin	VQ		
6 Arhount (\$)	7 Payee address; City; State	Zip Code	1		
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401.40	B. 1.50 T	010			
	Burleson, Lexas /le				
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Printing Expense	,			
	Candidate Officeholder name		045		0.5
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	•		Office sough	II.	Office held
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Date	Payee name / //	11:			
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	belog address; City: State	; Zip Code			
Ambunt /(\$)	1 1 1 1 1 1 1 1	e, Zip Code			
in n	Clo Dr. L.J. Wilson	1	111	10 —	M
100.00	5300 Oak (2000 K	dw. F	of more	lh, Texas	76134
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PURPOSE OF	Cutogory (cost dategories inside at the top of	uno soriculio,	Description	(It davel outside of fexas, or	omplete outedule 1)
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expenditure to benefit C/C	DH				
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Date -	Payee name .	1) (l			
4/20/13	Janamie Ocreen	trunt	ng		
Annount (\$)	Payee address; City; State	Zip Code			
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427.32	D. 1000 Tracks 7/10	029			
7200	Darwin, 14xas lu	1020			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Prichage Flings	,			
EXPERIDITORE	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Complete ONLY if direct	Candidate / Office notice name		Office sough	t	Office held
expenditure to benefit C/C	л 				
Date	Payee name A				
1/101.112	Change allowater 1				
MAUD	Trances Tractora	J			_
Arhount (\$)	Payee address; City; State	; Zip Code			
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200.00	Day Wall Treates	110119			
	Category (See categories; listed at the top of	this schedule)	Description	(If travel outside of Texas, co	omnlete Schedule TV
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EXPENDITURE	Contract Labor				
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/o			3		and the second section of the second
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	EXPENDITURE O	CATEGORIES FOR BOX 8	(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimb Transportation Equipme Contributions/Donations Candidate/Officehold OTHER (enter a categor	nt & Related Expense Made By ler/Political Committee
		explains how to complete this		,,
1 Total bages Schedule F:	Then gray Kelle	1	3 ACCOUNT # (E	thics Commission Filers)
4 Date 4 20 13	Mary Davidson	1		
240.17	1. Payee address; City: State 6901 Windward Ward Ward Ward Ward Ward Ward Ward W	e; Zip Code 24 74140		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	(b) Description	On (If travel outside of Texas, com	nplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ight	Office held
Date 4/24/13	Payee name y arclin			
Ambunt (ts)	Payee address: City: State +208 Wilhelm In Fort Worth, Texas	e; Zip Code eet 5 Nell9		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	ON (If travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ight	Office held
Date 4 24 13	Dorothy Carey			
Amount (\$) 200.00	Payee address: City: State 4/33 Burke Road Fort Worth, Texas	e; Zip Code / //([1] 9		
PURPOSE OF EXPENDITURE	Category (See categories fisted at the top of	this schedule) Description	on (If travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ight	Office held
Date 4 24 13	Payee riame Cark			
Amdunt (\$) ZO. 0	Gayee address: City: State 5616 Hughton A Tiva	e: Zip Code Venue 45 (U107		
PURPOSE OF EXPENDITURE	Sategory (See categories listed at the top of	this schedule) Description	on (If travel outside of Texas, com	plete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist	ising Expense	Loan Repayment/Reimbur Transportation Equipment Contributions/Donations M Candidate/Officeholder	& Related Expense lade By
Fees	Printing Expense	Office Overhead/R		OTHER (enter a category	
,	The Instruction Guide	explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME Gray K	elly		3 ACCOUNT # (Ethi	cs Commission Filers)
4 Date 4 26 B	5 Payee name aroun Martin				
6 Ambunt (\$)	7 Payee address; Gity: Sta 2707 Knris and 9m4 Worth, Turks	te; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas, compl	ete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	C	Office held
Date 4/29/13	Paveelname 199				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
127.D	Fort Worth, Teyas	14104			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top) Category (See categories listed at the top)	of this schedule)	Description (i	if travel outside of Texas, compl	ete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder hame	<i></i>	Office sought	C	Office held
Date 4/29/13	Privee name / usoel	l			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
125.00	Fort Worth Texas	26119			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (i	if travel outside of Texas, comple	ete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 5/1/13	Hayee name NP Home & Come	Office S	Hore		
Amount (\$)	Payee address: City: Star	te; Zip Code			
120.02	Memohis TN 3811	8			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (f travel outside of Texas, comple	ete Schedule T)
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