

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

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)

2 Total pages filed:
17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs

Kelly

NICKNAME

LAST

SUFFIX

Allen Gray

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2820 Galvez Ave
Fort Worth, TX 76111

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 688-9586

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ms

Phyllis

NICKNAME

LAST

SUFFIX

Allen

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2707 Ennis Avenue
Fort Worth, TX 76111

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 999-7887

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

07 / 01 / 12

THROUGH

Month

Day

Year

12 / 31 / 12

11 ELECTION

ELECTION DATE

Month

Day

Year

06 / 23 / 12

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

District 08

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen Gray, Kelly

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,020.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,695.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 238.83
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4. TOTAL POLITICAL EXPENDITURES	\$ 3544.83
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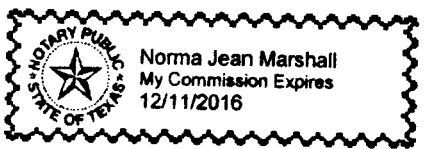
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7597.35
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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
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18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[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 14th day of Jan, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

NORMA J. MARSHALL
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/5</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FW Police Officers Association</i>	7 Amount of contribution (\$) <i>3,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>904 Collier St. Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bruce D. Datcher</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5103 National Ct. Arlington, TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tonya Veasey</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 11296 Fort Worth, Texas 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gwinda Burns</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 8704 Fort Worth, Texas 76124</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Xavier Lucio</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2749 Willing Ave Fort Worth, Texas 76140</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2/5</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/16/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Energy PAC</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>815 Brazos St, Ste # A106 Austin, Texas 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brandon, Fielder, LLP</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 13430 Arlington, Texas 76094</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Crawford</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6700 Oak Hill Drive Fort Worth, Texas 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlela Vogel</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 Old Gate Road Fort Worth, Texas 76108</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl D Cobb</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2118 Nectar Drive Mesquite, Texas 75149</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: <i>3/5</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/6/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Franklin Moss</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5625 Eisenhower Drive Fort Worth, Texas 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Freese + Nichols</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4055 International Plaza Ste. 200 Fort Worth, Texas 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/12/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carley + Hangar</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>600 West 6th Street Ste 300 Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlela Vogel</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 Old Gale Road Fort Worth, Texas 76108</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW Retired Fighters PAC</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1617 Tierney Road Fort Worth, Texas 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <i>4/5</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/25/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Barr</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3101 Aronvale Avenue Fort Worth, Texas 76109</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greater F.W. Real Estate Council PAC</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Commerce St., Ste. 2400 Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Half Assoc. State PAC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4000 Fossil Creek Blvd Fort Worth, Texas 76137</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Wrecker Service</i>	Amount of contribution (\$) <i>325.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 14959 Halton City, Texas 76117</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Grogan, Blair, LLP</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Throckmorton, Ste 300 Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:
5/5

2 FILER NAME *Allen Gray, Kelly* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>11/5/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cash America PAC</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1600 West 7th Street Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>11/5/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Open Channels Group</i>	Amount of contribution (\$) <i>22.56</i>	In-kind contribution description (if applicable) <i>Fundraiser Expenses</i>
Contributor address; City; State; Zip Code <i>101 Summit Avenue, Ste 208 Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>11/28/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Gavras</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1301 Throckmorton Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages, Schedule F: 1/10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/12		5 Payee name Office Depot			
6 Amount (\$) 96.27		7 Payee address; City; State; Zip Code 401 Carroll St. Fort Worth, Tx 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Printing Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/9/12		Payee name Party City			
Amount (\$) 35.91		Payee address; City; State; Zip Code 1323 West Pipeline Rd, Hurst, TX 76053			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Event Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/9/12		Payee name Metropcs			
Amount (\$) 140.00		Payee address; City; State; Zip Code 3031 S. Freeway, Fort Worth, Texas 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/Rental Exp.		Description (If travel outside of Texas, complete Schedule T) Phone Service for Phone Bank	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/11/12		Payee name Sam's One Dollar			
Amount (\$) 11.77		Payee address; City; State; Zip Code 3149 Denton Hwy, Haltom City, Texas 76117			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Event Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: 2/10	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/12/12	5 Payee name Vickie Gray	
6 Amount (\$) 83.44	7 Payee address; City; State; Zip Code 413 Paradise Street, Fort Worth, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement for Event Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/13/12	Payee name Carrue Holbert	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1437 Roma Lane, Fort Worth, TX 76134	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Caterer Food/Beverage Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/12/12	Payee name Albertsons	
Amount (\$) 34.80	Payee address; City; State; Zip Code 850 E. Loop 820, Fort Worth, TX 76112	
8 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) Food for Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/12/12	Payee name Albertsons	
Amount (\$) 171.67	Payee address; City; State; Zip Code 850 E. Loop 820, Fort Worth, TX 76112	
8 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) Food for Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>3/10</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/12/12</i>	5 Payee name <i>Albertsons</i>
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6 Amount (\$) <i>8.24</i>	7 Payee address; City; State; Zip Code <i>850 E. Loop 820, Fort Worth, Texas 76112</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food for fundraiser</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/12/12</i>	Payee name <i>Metroplex Service Welding</i>
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Amount (\$) <i>22.73</i>	Payee address; City; State; Zip Code <i>801 E. Northside Dr., Fort Worth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Helium for tank</i>
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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 <i>7/16/12</i>	Payee name <i>Farmers Market of Fort Worth</i>
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Amount (\$) <i>19.15</i>	Payee address; City; State; Zip Code <i>5507 E. Belknap St., Haltom City, Texas 76117</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for fundraiser</i>
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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 <i>7/16/12</i>	Payee name <i>Cakes By DeLessa</i>
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Amount (\$) <i>47.29</i>	Payee address; City; State; Zip Code <i>1417 Evans Avenue, Fort Worth, TX 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Dessert for fundraiser</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>4/101</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/18/12</i>	5 Payee name <i>Prince Hall Masons</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1478, Fort Worth, Texas 76101</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Event Location/Rental Fee</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/26/12</i>	Payee name <i>Chase Bank</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>Medical District Branch, Fort Worth, Texas 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contract Labor for Campaign Service</i>
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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 <i>7/31/12</i>	Payee name <i>Chase Bank</i>
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Amount (\$) <i>15.00</i>	Payee address; City; State; Zip Code <i>Medical District Branch, Fort Worth, Texas 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bank Service Fee</i>
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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 <i>8/9/12</i>	Payee name <i>Currie Holbert</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1437 Roma Ln, Fort Worth, Texas 76134</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Caterer</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: 5/10	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/28/12	5 Payee name Mt. Olive Baptist Church
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6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 2951 Evans Avenue, Fort Worth, Texas 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) Donation for Scholarship Fund	
	Candidate / Officeholder name		Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/14/12	Payee name USPS
Amount (\$) 47.00	Payee address; City; State; Zip Code Riverside Station, Fort Worth, Texas 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) Letters to Constituents	
	Candidate / Officeholder name		Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/31/12	Payee name Chase Bank
Amount (\$) 15.00	Payee address; City; State; Zip Code Medical Bank, Fort Worth, Texas 76104

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) Bank Service Fee	
	Candidate / Officeholder name		Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14/12	Payee name Cleveland Harris
Amount (\$) 100.00	Payee address; City; State; Zip Code 9012 Sundridge Circle #1111, Fort Worth, Texas 76120

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Donation to Friends of Cobb Park	
	Candidate / Officeholder name		Office sought Office held

9 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 FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>6/10</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/17/12</i>	5 Payee name <i>Cousin's Bar B Q</i>	
6 Amount (\$) <i>40.41</i>	7 Payee address; City; State; Zip Code <i>5125 Bryant Irvin Road, Fort Worth, Texas 76132</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	
	(b) Description (If travel outside of Texas, complete Schedule T) <i>Dinner with Constituents</i>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/25/12</i>	Payee name <i>United States Postal Service</i>	
Amount (\$) <i>45.00</i>	Payee address; City; State; Zip Code <i>Downtown Station Fort Worth, Texas 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>P.O. Box Renewal</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/28/12</i>	Payee name <i>Chase Bank</i>	
Amount (\$) <i>15.00</i>	Payee address; City; State; Zip Code <i>Medical District, Fort Worth, Texas 76104</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting/Banking</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>Bank Service Fee</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/2/12</i>	Payee name <i>United States Postal Service</i>	
Amount (\$) <i>63.00</i>	Payee address; City; State; Zip Code <i>Riverside Station, Fort Worth, Texas 76111</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>Letters to Constituents</i>	
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 FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>7/10</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/12/12</i>	5 Payee name <i>Walgreens</i>
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6 Amount (\$) <i>57.86</i>	7 Payee address; City; State; Zip Code <i>3100 Miller Avenue, Fort Worth, Texas 76105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15/12</i>	Payee name <i>Pilgrim Valley Baptist Church</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>4800 S. Riverside Dr., Fort Worth, Texas 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad for Souvenir Program</i>
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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 <i>10/19/12</i>	Payee name <i>NaACP Ft. Worth Chapter</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1063 Evans Avenue, Fort Worth, Texas 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad for Souvenir Program</i>
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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 <i>10/29/12</i>	Payee name <i>United Riverside NA</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2713 E. 15th St., Fort Worth, Texas 76111</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation to Fall Festival</i>
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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 FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>8/10</i>	2 FILER NAME: <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <i>11/2/12</i>	5 Payee name: <i>Cantina Laredo</i>
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6 Amount (\$): <i>37.89</i>	7 Payee address; City; State; Zip Code: <i>530 Throckmorton, Fort Worth, Texas 76102</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Lunch with Constituents</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <i>11/13/12</i>	Payee name: <i>Texas Business Women of Fort Worth</i>
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Amount (\$): <i>75.00</i>	Payee address; City; State; Zip Code: <i>1421 Oakland Blvd, Fort Worth, Texas 76103</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation to Scholarship Fund</i>
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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: <i>11/13/12</i>	Payee name: <i>Johnnie Welborne</i>
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Amount (\$):	Payee address; City; State; Zip Code: <i>301 Woodhaven Drive, De Soto, Texas 75115</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description (If travel outside of Texas, complete Schedule T) <i>Accounting Services</i>
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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: <i>10/20/12</i>	Payee name: <i>BIG DOGS Youth Organization</i>
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Amount (\$): <i>50.00</i>	Payee address; City; State; Zip Code: <i>1425 W. Pioneer Drive #140B, Irving, Texas 75061</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation to Scholarship Fund</i>
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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 FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: <i>9/10</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <i>11/19/12</i>	5 Payee name <i>Mi. Cocina</i>	
6 Amount (\$): <i>34.77</i>	7 Payee address; City; State; Zip Code <i>509 Main St., Fort Worth, Texas 76102</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Lunch with Constituents</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date: <i>11/27/12</i>	Payee name <i>Cowboy Santos Program Inc.</i>	
Amount (\$): <i>25.00</i>	Payee address; City; State; Zip Code <i>4200 South Freeway, Ste. 200, Fort Worth, Texas 76115</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation to Silver Stars</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date: <i>12/1/12</i>	Payee name <i>Maribeth Ashley</i>	
Amount (\$): <i>25.00</i>	Payee address; City; State; Zip Code <i>2344 Medford Ct. E, Fort Worth, Texas 76109</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Flowers for Constituents</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date: <i>12/11/12</i>	Payee name <i>Theresa's Dixie House Cafe</i>	
Amount (\$): <i>61.61</i>	Payee address; City; State; Zip Code <i>3401 E. Belknap St., Fort Worth, Texas 76111</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch with Constituents</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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.

1 Total pages Schedule F: 10/10	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/17/12	5 Payee name Pappadeaux Seafood Kitchen
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6 Amount (\$) 176.20	7 Payee address; City; State; Zip Code 2708 West Freeway, Fort Worth, Texas 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Dinner with Constituents
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/12	Payee name Carrie Holbert
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Amount (\$) 60.60	Payee address; City; State; Zip Code 1437 Roman Ln, Fort Worth, Texas 76134
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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) Catering for 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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Date 12/20/12	Payee name The Flower Market on 7th
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Amount (\$) 20.56	Payee address; City; State; Zip Code 2733 W. 7th St., Fort Worth, Texas 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Flowers for 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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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