

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

ACCOUNT #
(Ethics Commission Filers)

Total pages filed:
7

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

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR *Mrs.* FIRST *Kelly* MI
NICKNAME LAST *Allen Gray* SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2014

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: *2820 Galvez Avenue* APT / SUITE # CITY: STATE: ZIP CODE
Fort Worth, Texas 76111

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 688-9586

Date Imaged

6 CAMPAIGN TREASURER NAME

MS/MRS/MR *Mrs.* FIRST *Phyllis* MI
NICKNAME LAST *Allen* SUFFIX *W*

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE: ZIP CODE
2707 Ennis Avenue
Fort Worth, Texas 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 THROUGH Month Day Year
7 / 01 / 13 *12 / 31 / 13*

11 ELECTION

ELECTION DATE Year ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

12 OFFICE

OFFICE HELD (if any)
Fort Worth City Council
District 8

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ *900.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4,750.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *1,886.73*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,830.03*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *6,138.32*

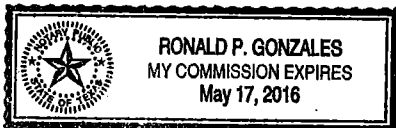
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



Kelly Allen Gray
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Allen Gray*, this the *15th* day of *January*, 20*14*, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

RONALD P. GONZALES
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: *1 of 3*

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/16/13

5 Full name of contributor out-of-state PAC (ID#:

Gyna M. Bivers

6 Contributor address; City; State; Zip Code

*5913 McKarke
Fort Worth, TX 76112*

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#:

Julie + David Crawford

Contributor address; City; State; Zip Code

*6700 Oak Hill Dr.
Fort Worth, TX 76132*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#:

Ali Raza

Contributor address; City; State; Zip Code

*P.O. Box 535421
Grand Prairie, TX 75053*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#:

Donald Cager

Contributor address; City; State; Zip Code

*4100 Aragon Dr.
Fort Worth, TX 76133*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#:

Michael Campbell

Contributor address; City; State; Zip Code

*5932 Village Course Cir #925
Fort Worth, TX 76119*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(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: **2 of 3**

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/16/13

5 Full name of contributor out-of-state PAC (ID#: _____)

Shannon Fletcher

6 Contributor address; City; State; Zip Code

*5816 Levelland Dr.
Fort Worth, Texas 76107*

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#: _____)

Roger & Lisa Woodard

Contributor address; City; State; Zip Code

*5633 Grenada Dr.
Fort Worth, TX 76119*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/14/13

Full name of contributor out-of-state PAC (ID#: _____)

Vickie D Gray

Contributor address; City; State; Zip Code

*P.O. Box 24678
Fort Worth, TX 76124*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/16/13

Full name of contributor out-of-state PAC (ID#: _____)

Cheryl D Cobb

Contributor address; City; State; Zip Code

*2118 Nectar Dr.
Mesquite, Texas 75149*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/29/13

Full name of contributor out-of-state PAC (ID#: _____)

Dan Lowrance

Contributor address; City; State; Zip Code

*2008 Four Oaks Ln
Fort Worth, Texas 76107*

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

3 of 3

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/29/13

5 Full name of contributor out-of-state PAC (ID# _____)

K. T. Albari

6 Contributor address; City; State; Zip Code

P.O. Box 1363
Nederland, Texas 77627

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/31/13

Full name of contributor out-of-state PAC (ID# _____)

Con. Real. L.P.

Contributor address; City; State; Zip Code

1900 Ballpark Way, Suite 110
Arlington, Texas 76006

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/13

Full name of contributor out-of-state PAC (ID# _____)

Jackie D. Bewley

Contributor address; City; State; Zip Code

2200 S. Riverside Drive
Fort Worth, TX 76104

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/13

Full name of contributor out-of-state PAC (ID# _____)

Hammer and Nails Club

Contributor address; City; State; Zip Code

7001 Blvd 26, Suite 323
Fort Worth, TX 76180

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(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# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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: <i>top 2</i>	2 FILER/NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/23/13</i>	5 Payee name <i>Flowers On The Square</i>
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6 Amount (\$) <i>147.74</i>	7 Payee address; City; State; Zip Code <i>2110 Westbank Landing Fort Worth, TX 76107</i>
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Memorial Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Flowers for Dr. Clarence Brooks Funeral</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>8/28/13</i>	Payee name <i>TABCCM - Texas Municipal League</i>
------------------------	--

Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>5732 Sharp St. Dallas, Texas 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Golf Tournament Sponsorship</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>8/28/13</i>	Payee name <i>L. Clifford Davis Legal Assoc.</i>
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Amount (\$) <i>130.00</i>	Payee address; City; State; Zip Code <i>5701 Bridge St. #220 Fort Worth, TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Barquet Tickets</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>8/29/13</i>	Payee name <i>Downtown Fort Worth, Inc</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>777 Taylor St. Ste 100 Fort Worth, Texas 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Event Tickets</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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 2</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/29/13</i>	5 Payee name <i>Keen Group</i>
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6 Amount (\$) <i>125.00</i>	7 Payee address; City; State; Zip Code <i>1233 E. Terrell Avenue Fort Worth, Texas 76104</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Kidfish w/Kelly Event</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/26/13</i>	Payee name <i>Mt. Pisgah Missionary Baptist Church</i>
------------------------	---

Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>1801 Krans Avenue Fort Worth, Texas 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation / Ad</i>	Description (If travel outside of Texas, complete Schedule T) <i>Souvenir Book Ad</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/19/13</i>	Payee name <i>Bethlehem Center</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>970 E. Humbolt Fort Worth, Texas 76104</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Capital Campaign Event</i>
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Complete <u>ONLY</u> 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 <u>ONLY</u> 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