

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1



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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: *1 of 8*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Kelly</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Allen Gray</i>	SUFFIX				Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	<i>P.O. Box 1692 Fort Worth TX 76101</i>						Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>688-9586</i>	EXTENSION	Receipt #	Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i>	FIRST <i>Phyllis</i>	MI <i>W</i>	Date Processed	Date Imaged		
	NICKNAME	LAST <i>Allen</i>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
<i>2707 Ennis Ave Fort Worth TX 76111</i>							
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>999-7887</i>	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
<i>7 / 1 / 17</i>							<i>12 / 31 / 17</i>
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
<i>Fort Worth City Council District 8</i>							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Allen Gray, Kelly 15 Filer ID (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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,040.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3,213.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,973.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,153.59
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 16th day of January, 2018, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

MARY J KAYSER  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Allen Gray, Kelly</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1 of 3*

2 FILER NAME

*Allen G. Gray, Kelly*

3 Filer ID# (Ethics Commission Filers)

4 Date

*8/4/17*

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

*Sonyia C. Byrd*

7 Amount of contribution (\$)

*1,000.00*

6 Contributor address; City; State; Zip Code

*1111 E. Berry Fort Worth, TX 76110*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*11/13/17*

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

*William W. Meadows*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*121 Rivercrest Dr FW, TX 76107*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/13/17*

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

*Trelaine M Mapp*

Amount of contribution (\$)

*1,000.00*

Contributor address; City; State; Zip Code

*12612 Beech Tree Ln Euless, TX 76040*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/13/17*

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

*Jeff R Davis*

Amount of contribution (\$)

*300.00*

Contributor address; City; State; Zip Code

*2325 Misthite Dr FW, TX 76110*

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2 of 3*

2 FILER NAME

*Allen Gray Kelly*

3 Filer ID (Ethics Commission Filers)

4 Date

*11/13/17*

5 Full name of contributor

*Shannon D Fletcher*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*125.00*

6 Contributor address;

*5816 Levelland Dr FW, TX 76107*

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*11/13/17*

Full name of contributor

*Larry D Kemp*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*250.00*

Contributor address;

*6815 Manhattan Blvd Ste 100 FW, TX 76120*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/13/17*

Full name of contributor

*Thomas Krampitz*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*250.00*

Contributor address;

*807 N. Oak Cliff Blvd Dallas, TX 75208*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/13/17*

Full name of contributor

*Daniel L. Scarth*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*100.00*

Contributor address;

*505 Highwoods Trl FW, TX 76112*

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 3**

2 FILER NAME

*Allen Gray, Kelly*

3 Filer  (Ethics Commission Filers)

4 Date

*11/13/17*

5 Full name of contributor

*Wyntress Ware*

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

*6332 Warwick Hills Dr FW, TX 76132*

City; State; Zip Code

7 Amount of contribution (\$)

*300.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*11/13/17*

Full name of contributor

*Beverly Powell*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

*13813 E Riviera Dr Burleson, TX 76028*

City; State; Zip Code

Amount of contribution (\$)

*250.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/13/17*

Full name of contributor

*Jeff Postell*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

*4029 Driskell Blvd FW, TX 76107*

City; State; Zip Code

Amount of contribution (\$)

*300.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/21/17*

Full name of contributor

*Ale Vyd Jennings*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

*1150 S. Freeway FW TX 76104*

City; State; Zip Code

Amount of contribution (\$)

*65.00*

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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>		2 FILER NAME: <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 Date: <i>8/12/17</i>		5 Payee name: <i>Mosea Rodgers</i>			
6 Amount (\$): <i>150.00</i>		7 Payee address; City; State; Zip Code: <i>909 E Terrell Ave FW, TX 76104</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): <i>Event Expense - Df for Back to School Event</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <i>8/12/17</i>		Payee name: <i>Dwight Cooley</i>			
Amount (\$): <i>250.00</i>		Payee address; City; State; Zip Code: <i>909 E. Terrell Ave FW, TX 76104</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <i>Event Expense - Food for Back to School Event</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <i>8/12/17</i>		Payee name: <i>Victoria Resendez</i>			
Amount (\$): <i>160.00</i>		Payee address; City; State; Zip Code: <i>951 Evans Ave FW, TX 76104</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <i>Event Expense - Bounce House for Back to School Event</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<i>2 of 2</i>	<i>Allen Gray, Kelly</i>	
<b>4</b> Date	<b>5</b> Payee name	
<i>8/17/17</i>	<i>Donald Marshall</i>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<i>200.00</i>	<i>2817 R. 4th St. 70, TX 76001</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**