

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <i>22</i>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME <i>Mrs. Kelly Allen-Gray</i>		MS / MRS / MR <i>Mrs.</i> NICKNAME <i>Allen-Gray</i>		Date Received 	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Delivered or Postmarked Receipt Amount Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <i>02 / 15 / 2012</i> <i>04 / 02 / 2012</i>			

6 EXPLANATION OF CORRECTION
Schedule A - Corrected itemized deductions
Schedule G - Corrected political expenditures made from personal funds
Report Page - Corrected total contributions less than \$50.00

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

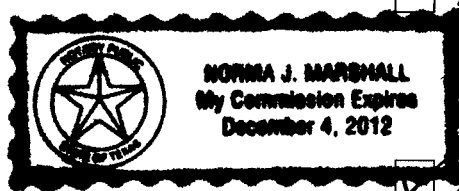
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Allen Gray 2nd* this the *2* day of *May*, 20*12*, to certify which, I witness my hand and seal of office.

[Signature] *NORMA MARSHALL* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00000001		2 PAGE # 1 of 21		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST KELLY	MI	OFFICE USE ONLY Date Received		
	NICKNAME	LAST ALLEN GRAY	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	2820 GALVEZ FORT, TX 76111					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST JOHNNIE	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST WELBORNE	SUFFIX	Receipt #	Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);					
	301 WOODHAVEN DRIVE DESOTO, TX 75115					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(469) 831-0801					
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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)		
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	02/15/2012		THROUGH	04/02/2012		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
05/12/2012						
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		
				CITY COMMISSION District 08		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME ALLEN GRAY, KELLY (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2,058.16
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,708.16
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	42.83
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4. TOTAL POLITICAL EXPENDITURES	\$	7,083.67
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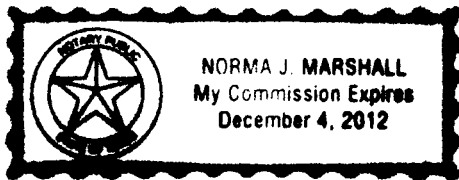
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,039.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 AFFIDAVIT



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

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 2nd day of May, 2012, to certify which, witness my hand and seal of office.

Norma Marshall
Signature of officer administering oath

NORMA MARSHALL
Print 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 PAGE # Schedule: 2/5 Report: 4/21	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAGER, DONALD 6 Contributor address; City; State; Zip Code 4100 ARAGON FORT WORTH, TX 76133	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRAWFORD, JULIE Contributor address; City; State; Zip Code 6700 OAK HILL DRIVE FORT WORTH, TX 76132	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUILLORY, CYNTHIA Contributor address; City; State; Zip Code PO BOX 15320 FORT, TX 76119	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/21	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/19/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HANDLEY, ERMA 6 Contributor address; City; State; Zip Code 2362 FAETT COURT FORT WORTH, TX 76119	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRAMPVITZ, THOMAS Contributor address; City; State; Zip Code 3420 POTOMAC FORT WORTH, TX 75206	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LESLIE, WILLIAM Contributor address; City; State; Zip Code 1225 LEUDA STREET FORT WORTH, TX 76104	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/10 Report: 9/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/15/2012	5 Payee name CAREY, DOROTHY
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6 Amount (\$) \$160.00	7 Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2012	Payee name CHASE BANK
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Amount (\$) \$33.50	Payee address City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111
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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) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/10 Report: 10/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 02/22/2012	5 Payee name CITY OF FORT WORTH
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 1000 THROCKMORTON STREET FORT WORTH, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN FILING FEES
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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 03/15/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/10 Report: 11/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/15/2012	5 Payee name DAVIDSON, MARY
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name DAVIDSON, MARY
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name DAVIDSON, MARY
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name DAVIS, ALEX
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Amount (\$) \$20.00	Payee address City; State; Zip Code 4917 OLD MANSFIELD FORT WORTH, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #		2 FILER NAME		3 ACCOUNT # (TEC filers)	
Schedule: 4/10 Report: 12/21		ALLEN GRAY, KELLY (Mrs.)		00000001	
4 Date		5 Payee name			
02/22/2012		FIVE STAR STUDIOS OF TEXAS & MEDIA			
6 Amount (\$)		7 Payee address City; State; Zip Code			
\$378.88		1110 S AIRPORT CIRCLE UNIT 100 EULESS, TX 76040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
		Advertising Expense		POLITICAL ADVERTISING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date		Payee name			
03/24/2012		FORT WORTH ASSOCIATION OF FEDERATED WOMEN			
Amount (\$)		Payee address City; State; Zip Code			
\$35.00		1933 LONGHORN TRAIL CROWLEY, TX 76036			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
		Event Expense		CAMPAIGN SUPPORT EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date		Payee name			
03/06/2012		GOLDEN, JACK			
Amount (\$)		Payee address City; State; Zip Code			
\$110.00		736 WEST CHERYL AVENUE HURST, TX 76053			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
		Office Overhead/Rental Expense		CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date		Payee name			
03/15/2012		GREEN, CARRIE			
Amount (\$)		Payee address City; State; Zip Code			
\$160.00		4208 WILHELM STREET FORT WORTH, TX 76119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
		Salaries/Wages/Contract Labor		CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/10 Report: 13/21		2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 0000001	
4 Date 03/22/2012		5 Payee name GREEN, CARRIE			
6 Amount (\$) \$160.00		7 Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/29/2012		Payee name GREEN, CARRIE			
Amount (\$) \$160.00		Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/27/2012		Payee name HOME DEPOT			
Amount (\$) \$55.00		Payee address City; State; Zip Code 1151 BRIDGEWOOD DRIVE FORT WORTH, TX 76112			
8 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) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/09/2012		Payee name METRO PCS			
Amount (\$) \$313.16		Payee address City; State; Zip Code 3031 S FREEWAY FORT WORTH, TX 76104			
8 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) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/10 Report: 14/21		2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 03/21/2012		5 Payee name OFFICE DEPOT			
6 Amount (\$) \$81.14		7 Payee address City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2012		Payee name OFFICE DEPOT			
Amount (\$) \$9.19		Payee address City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107			
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) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2012		Payee name OSCARS MEXICAN RESTURANAT			
Amount (\$) \$15.62		Payee address City; State; Zip Code 3408 DENTON HIGHWAY HALTOM CITY, TX 76117			
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) <input type="checkbox"/> MEETING TO DISCUSS CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2012		Payee name PARISH, EVELYN			
Amount (\$) \$160.00		Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/10 Report: 15/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/22/2012	5 Payee name PARISH, EVELYN
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6 Amount (\$) \$160.00	7 Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name PARISH, EVELYN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/13/2012	Payee name SIMMONS, DERRICK
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Amount (\$) \$1,410.50	Payee address City; State; Zip Code 1110 S. AIRPORT CIRCLE FORT WORTH, TX 76040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name SIMMONS, DERRICK
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Amount (\$) \$825.00	Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/10 Report: 16/21		2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 0000001	
4 Date 03/15/2012		5 Payee name SIMMONS, DERRICK			
6 Amount (\$) \$270.00		7 Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/16/2012		Payee name SIMMONS, DERRICK			
Amount (\$) \$143.84		Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/29/2012		Payee name SIMMONS, DERRICK			
Amount (\$) \$136.00		Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/15/2012		Payee name STATE DEMOCRATIC PARTY			
Amount (\$) \$125.00		Payee address City; State; Zip Code 3004 W. LANCASTER AVENUE FORT WORTH, TX 76107			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/10 Report: 17/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 02/22/2012	5 Payee name US POST OFFICE
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6 Amount (\$) \$47.00	7 Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO 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 03/20/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/21/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/28/2012	Payee name US POST OFFICE
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Amount (\$) \$67.50	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/10 Report: 18/21		2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 03/29/2012		5 Payee name US POST OFFICE			
6 Amount (\$) \$45.00		7 Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 19/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/20/2012	5 Payee name CENTRAL MARKET
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6 Amount (\$) \$22.70 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 4651 WEST FREEWAY FORT WORTH, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Date 03/20/2012	Payee name DAVE'S FOODSTORE
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Amount (\$) \$8.28 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 301 SYLVANIA FORT WORTH, TX 76111
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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) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES
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Date 03/20/2012	Payee name FAMILY DOLLAR
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Amount (\$) \$5.41 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2000 N. RIVERSIDE DRIVE FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Date 03/05/2012	Payee name HEB
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Amount (\$) \$23.32 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 165 N.W. JOHN JONES DRIVE FORT WORTH, TX 76028
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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) <input type="checkbox"/> CAMPAIGN MEETING FOOD SUPPLIES
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 20/21	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 02/29/2012	5 Payee name O-K PAPER CENTER
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6 Amount (\$) \$31.64 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 5700 AIRPORT FREEWAY HALTOM CITY, TX 76117
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Date 03/05/2012	Payee name SAM'S CLUB
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Amount (\$) \$51.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2859 I - 30 WEST FORT WORTH, TX 76117
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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) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES
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Date 03/05/2012	Payee name US POST OFFICE
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Amount (\$) \$45.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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Date 03/20/2012	Payee name WALMART
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Amount (\$) \$21.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3851 AIRPORT FREEWAY FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN MEETING SUPPLIES
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 21/21
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/20/2012	5 Name of person from whom amount is received CHASE BANK	8 Amount (\$) \$200.00
	6 Address of person from whom amount is received; City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111	
7 Purpose for which amount is received BANK PROMOTION (CASH CREDIT IN ACCT FOR OPENING NEW ACCOUNT)		