

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

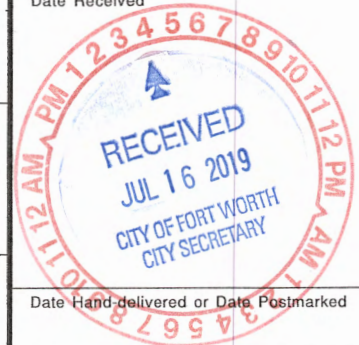
2 Total pages filed: **15**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1692 Fort Worth, TX 76101

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 688-9586

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
*2707 Eppie Ave
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 THROUGH Month Day Year
4 / 25 / 19 THROUGH 6 / 30 / 19

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

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 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

GENERAL

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

\$

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

\$

27,435.66

EXPENDITURE
TOTALS

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

\$

5,656.38

4. TOTAL POLITICAL EXPENDITURES

\$

18,342.65

CONTRIBUTION
BALANCE

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

\$

43,192.10

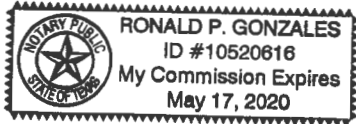
OUTSTANDING
LOAN TOTALS

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 5, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Kelly Allen Gray
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 16th day of July, 2019, 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

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	\$ <i>18,965-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>8,620.66</i>
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	\$ <i>18,342.65</i>
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 Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/19

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

Randle Howard

7 Amount of contribution (\$)

\$1,100.00

6 Contributor address; City; State; Zip Code

3863 South Hwy FW, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/19

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

Alex Jimenez

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

248 Willow Ridge Rd FW, TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/19

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

Greater FW Real Estate Council PAC

Amount of contribution (\$)

\$1,000

Contributor address; City; State; Zip Code

777 Main St #2100 FW, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

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

FW Firefighters Committee

Amount of contribution (\$)

\$2,500.00

Contributor address; City; State; Zip Code

3855 Tulsa Way FW, TX 76107

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 4*

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/19

5 Full name of contributor

Jae Paniagua

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

8125 Mount Shasta Cir NW, TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/3/19

Full name of contributor

Conservative Voters Forum

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1144 Terrace Trail Hurst, TX 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

Full name of contributor

A Better Texas PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,500.00

Contributor address; City; State; Zip Code

4727 Arwilla Ln Houston, TX 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/19

Full name of contributor

Carlos Flores Campaign

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1415 Circle Park Blvd NW, TX 76164

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: <i>3 of 3</i>
2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/6/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kasuy Pipes</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>420 Theockmorton #1200 FW, TX 76102</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/24/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Retired Firefighters CPAC</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>1617 Tierney Rd FW, TX 76112</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/24/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Atlantic Pacific Comm. LLC</i>	Amount of contribution (\$) <i>\$7,695.00</i>
Contributor address; City; State; Zip Code <i>1025 Kane Concourse Ste 215 Bay Harbor 41 33154</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/24/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hammer & Nails Club - Candidate</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>100 E. 15th St. Ste 600 FW, TX 76102</i>		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 1</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>8,670.66</i>	
5 Date <i>4/30/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FWPOA PAC</i>	8 Amount of Contribution \$ <i>\$6801.76</i>	9 In-kind contribution description <i>Mail Piece</i>
7 Contributor address; City; State; Zip Code <i>2501 Parkview Dr #600 FW, TX 76102</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4/30/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FWPOA PAC</i>	Amount of Contribution \$ <i>\$1,868.90</i>	In-kind contribution description <i>Signage</i>
Contributor address; City; State; Zip Code <i>2501 Parkview Dr #600 FW, TX 76102</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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	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.

1 Total pages: Schedule F1: <i>1 of 8</i>	2 FILER NAME: <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
---	--	---------------------------------------

4 Date: <i>4/25/19</i>	5 Payee name: <i>C Terry Consulting</i>
------------------------	---

6 Amount (\$): <i>\$2,400.00</i>	7 Payee address; City; State; Zip Code: <i>5648 DeCory Rd FW, TX 76134</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Consulting Expense</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	Office held
---	-------------------------------	---------------	-------------

Date: <i>4/25/19</i>	Payee name: <i>Ethel Ransom Humanitarian Club</i>
----------------------	---

Amount (\$): <i>\$375.00</i>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Donation</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	Office held
---	-------------------------------	---------------	-------------

Date: <i>4/25/19</i>	Payee name: <i>Rosie B. Gomez</i>
----------------------	-----------------------------------

Amount (\$): <i>\$240.00</i>	Payee address; City; State; Zip Code: <i>2817 Burchill Rd FW, TX 76105</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Contract Labor</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	Office held
---	-------------------------------	---------------	-------------

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.

1 Total pages Schedule F1: <i>2 of 8</i>	2 FILER NAME: <i>Allen Gray Kelly</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>4/25/19</i>	5 Payee name: <i>Virian Wilson</i>	
6 Amount (\$): <i>\$200.00</i>	7 Payee address; City; State; Zip Code: <i>4129 Burke Rd FW, TX 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date: <i>4/25/19</i>	Payee name: <i>Carrie Green</i>	
Amount (\$): <i>\$200.00</i>	Payee address; City; State; Zip Code: <i>4208 Wilhelm FW, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date: <i>4/25/19</i>	Payee name: <i>Mary Davidson</i>	
Amount (\$): <i>\$240.00</i>	Payee address; City; State; Zip Code: <i>6901 Woodward Way Forest Hill, Texas 76140</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Contract Labor</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 <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

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.

1 Total pages Schedule F1: <i>3 of 8</i>	2 FILER NAME: <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date: <i>4/25/19</i>	5 Payee name: <i>Dorothy Carey</i>
-------------------------------	---

6 Amount (\$): <i>\$200.00</i>	7 Payee address; City; State; Zip Code: <i>4133 Burke Rd FW, TX 76119</i>
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date: <i>4/25/19</i>	Payee name: <i>Francis Crawford</i>
----------------------	-------------------------------------

Amount (\$): <i>\$200.00</i>	Payee address; City; State; Zip Code: <i>4228 Reed St. FW, TX 76119</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date: <i>4/28/19</i>	Payee name: <i>Nana's Kitchen</i>
----------------------	-----------------------------------

Amount (\$): <i>\$700.00</i>	Payee address; City; State; Zip Code: <i>7403 John T White Rd FW, TX 76120</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Event Expense</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 <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

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>4 of 8</i>	2 FILER NAME: <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date: <i>4/30/19</i>	5 Payee name: <i>3rd Lyric Digital Enterprises</i>
---------------------------	---

6 Amount (\$): <i>\$300.00</i>	7 Payee address; City; State; Zip Code: <i>P.O. Box 25002 FW, TX 76124</i>
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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	Office held
---	-------------------------------	---------------	-------------

Date: <i>5/3/19</i>	Payee name: <i>Cantina Laredo</i>
------------------------	--------------------------------------

Amount (\$): <i>\$269.27</i>	Payee address; City; State; Zip Code: <i>530 Throckmorton FW, TX 76102</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</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	Office held
---	-------------------------------	---------------	-------------

Date: <i>5/3/19</i>	Payee name: <i>Metro PCS</i>
------------------------	---------------------------------

Amount (\$): <i>\$204.00</i>	Payee address; City; State; Zip Code: <i>1100 Bridgewood Dr 123 FW, TX 76112</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Phone Expense</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	Office held
---	-------------------------------	---------------	-------------

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 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>5 of 8</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/19</i>	5 Payee name <i>Carrie Green</i>	
6 Amount (\$) <i>\$140.00</i>	7 Payee address; City; State; Zip Code <i>4208 Wilhelm St. FW, TX 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/4/19</i>	Payee name <i>Dorothy Carey</i>	
Amount (\$) <i>\$140.00</i>	Payee address; City; State; Zip Code <i>4133 Burke Rd FW, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/4/19</i>	Payee name <i>Francis Crawford</i>	
Amount (\$) <i>\$140.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St FW, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <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

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.

1 Total pages Schedule F1: <i>6088</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/19</i>	5 Payee name <i>Davian Wilson</i>	
6 Amount (\$) <i>\$140.00</i>	7 Payee address; City; State; Zip Code <i>4129 Burke Rd FW, TX 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/4/19</i>	Payee name <i>Mary L. Davidson</i>	
Amount (\$) <i>\$168.00</i>	Payee address; City; State; Zip Code <i>6901 Windward Way Forest Hill, Texas 76140</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/4/19</i>	Payee name <i>C Terry Consulting</i>	
Amount (\$) <i>\$3,100</i>	Payee address; City; State; Zip Code <i>5648 DeCory Rd FW, TX 76134</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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.

1 Total pages, Schedule F1: <i>7 of 8</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <i>5/5/19</i>	5 Payee name <i>Rosie Gomez</i>
-------------------------	------------------------------------

6 Amount (\$) <i>\$180.00</i>	7 Payee address; City; State; Zip Code <i>2817 Burchill Rd FW, TX 76105</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/13/19</i>	Payee name <i>Reasonable Price Lawn Svc</i>
------------------------	--

Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/31/19</i>	Payee name <i>Texas Wesleyan University</i>
------------------------	--

Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>1201 Wesleyan St FW, TX 76105</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</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 <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

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: 8 of 8	2 FILER NAME: Allen Gray, Kelly	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date: 5/30/19	5 Payee name: Schleicher Law Firm LLC
------------------------	--

6 Amount (\$): \$2,500.00	7 Payee address; City; State; Zip Code: 1227 N Valley Mills Dr #208 Waco, TX 76710
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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	Office held
---	-------------------------------	---------------	-------------

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

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

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED