

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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** *22*

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: *Mrs* NICKNAME: *Kelly* FIRST: *Allen* LAST: *Gray* MI: SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: *2820 Galvez Ave* APT / SUITE #: CITY: *Fort Worth, TX* STATE: ZIP CODE: *76111*
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: *(817)* PHONE NUMBER: *688-9586* EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: *Mrs* NICKNAME: *Phyllis* FIRST: *Allen* LAST: *W* MI: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): *2707 Ennis Avenue* APT / SUITE #: CITY: *Fort Worth, TX* STATE: ZIP CODE: *76111*
 (residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: *(817)* PHONE NUMBER: *999-7887* EXTENSION:

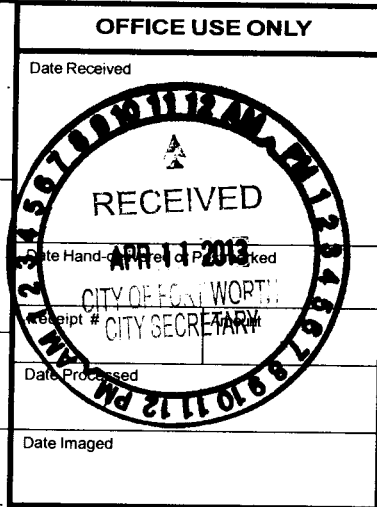
9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: *01 / 01 / 13* THROUGH Month Day Year: *05 / 01 / 13*

11 ELECTION
 ELECTION DATE: Month Day Year: *05 / 11 / 13* ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): *Ft. Worth City Council District 8*

13 OFFICE SOUGHT (if known)



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Allen Gray, Kelly **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ 1,975.00

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

\$ 13,608.00

EXPENDITURE TOTALS

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

\$ 2,388.98

4. TOTAL POLITICAL EXPENDITURES

\$ 11,148.50

CONTRIBUTION BALANCE

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

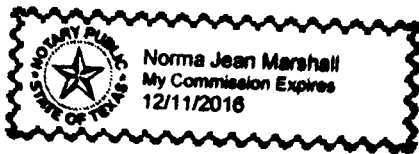
\$ 9,430.62

OUTSTANDING LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 10th day of April, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

NORMA MARSHALL
Printed name of officer administering oath

[Handwritten Signature]
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1/9

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/9/13

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

Hammer & Nails PAC

6 Contributor address; City; State; Zip Code

*7001 Blvd 26, Ste. 323
Fort Worth, TX 76180*

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/13

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

Good Government Fund

Contributor address; City; State; Zip Code

*201 Main St., Ste 2500
Fort Worth, TX 76102*

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/13

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

PBEL PAC

Contributor address; City; State; Zip Code

*201 Main St., Ste 2500
Fort Worth, TX 76102*

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Charlie Ray Smith

Contributor address; City; State; Zip Code

*4444 Fair Park Blvd
Fort Worth, TX 76115*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Thomas Galbreath

Contributor address; City; State; Zip Code

*11717 Cambria Ct.
Aledo, TX 76008*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/9

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1/13

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

Eartha Mays

6 Contributor address; City; State; Zip Code

2717 E. 13th St.
Fort Worth, TX 76111

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1/13

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

Jan Fersing

Contributor address; City; State; Zip Code

3800 Trailwood Ln
Fort Worth, TX 76109

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

David & Julie Crawford

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)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Noble Reed

Contributor address; City; State; Zip Code

1715 Carver
Fort Worth, TX 76102

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

James Schell

Contributor address; City; State; Zip Code

901 Washington Terr.
Fort Worth, TX 76107

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/9

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1/13

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

Conley Hanger

6 Contributor address; City; State; Zip Code

600 W. 6th St. Ste 300
Fort Worth, TX 76102

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1/13

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

Kenneth Burr

Contributor address; City; State; Zip Code

3101 Wooddale Ave
Fort Worth, TX 76109

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Wanda Conlin + Don Boren

Contributor address; City; State; Zip Code

1755 Martel Ave
Fort Worth, TX 76103

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Anthony Saucier

Contributor address; City; State; Zip Code

2605 N. Cyers Ave
Fort Worth, TX 76103

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Freese + Nichols PAC

Contributor address; City; State; Zip Code

4055 International Plaza Ste 200
Fort Worth, TX 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4/9

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1/13

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

Anderson & Dorothy Lampkin

6 Contributor address; City; State; Zip Code

*421 Milmo
Fort Worth, TX 76134*

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1/13

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

Thomas Krampitz

Contributor address; City; State; Zip Code

*749 N. Main St.
Fort Worth, TX 76164*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Rochelle L. Parks

Contributor address; City; State; Zip Code

*3104 E. 12th St.
Fort Worth, TX 76111*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Julie H. Wilson

Contributor address; City; State; Zip Code

*333 Throckmorton #615
Fort Worth, TX 76102*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

David Salgado

Contributor address; City; State; Zip Code

*3822 E. Roseale St.
Fort Worth, TX 76105*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/9

2 FILER NAME

Alla Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1/13

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

Lundberger Grogan Blair

6 Contributor address; City; State; Zip Code

100 Throckmorton #300
Fort Worth, TX 76102

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1/13

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

Johnny & Shirley Lewis

Contributor address; City; State; Zip Code

953 E. Terrell
Fort Worth, TX 76104

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Jim Austin

Contributor address; City; State; Zip Code

2017 Teakwood Terr.
Fort Worth, TX 76112

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Rick & Sylvia Hubbard

Contributor address; City; State; Zip Code

5570 Tiara Ct.
Arlington, TX 76017

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

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

Frank Moss Campaign

Contributor address; City; State; Zip Code

5625 Eisenhower
Fort Worth, TX 76112

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6/9**

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/1/13

5 Full name of contributor

J. D. Thomas

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

Contributor address; City; State; Zip Code

*2255 S. Riverside Dr
Fort Worth, TX 76104*

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/1/13

Full name of contributor

Eurice Givens

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

Contributor address; City; State; Zip Code

*5500 Stafford Drive
Fort Worth, TX 76134*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

Full name of contributor

Gwinda Burns

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

Contributor address; City; State; Zip Code

*P.O. Box 8704
Fort Worth, TX 76124*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/13

Full name of contributor

Billy & Erma Hadley

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

Contributor address; City; State; Zip Code

*2632 Faett Court
Fort Worth, TX 76119*

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Fundraiser Expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/13

Full name of contributor

Open Channels Group

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

Contributor address; City; State; Zip Code

*P.O. Box 12431
Fort Worth, TX 76110*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7/9

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/6/13

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

Conservative Voters Forum

6 Contributor address; City; State; Zip Code

*1144 Terrace Trail
Hurst, TX 76053*

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/6/13

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

Lisa R. Woodward

Contributor address; City; State; Zip Code

*5633 Grenada Dr.
Fort Worth, TX 76119*

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/13

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

Jeff Davis

Contributor address; City; State; Zip Code

*2325 Mistletoe Dr
Fort Worth, TX 76110*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/13

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

Marc Spencer

Contributor address; City; State; Zip Code

*2411 Thomas Road
Fort Worth, TX 76117*

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/13

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

Carlela Vogel

Contributor address; City; State; Zip Code

*901 Old Gate Rd
Fort Worth, TX 76108*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **8/9**

2 FILER NAME
Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/15/13

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

James Toal
Contributor address; City; State; Zip Code
*341 Nursery Ln
Fort Worth, TX 76114*

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/15/13

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

Robert Terrall
Contributor address; City; State; Zip Code
*7629 Nutwood Place
Fort Worth, TX 76133*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/16/13

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

Orville Person
Contributor address; City; State; Zip Code
*1914 B Vickery Blvd
Fort Worth, TX 76104*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/16/13

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

Duffy Burnett
Contributor address; City; State; Zip Code
*3001 Cherault
Fort Worth, TX 76111*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/13

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

Gary Brumfield
Contributor address; City; State; Zip Code
*2704 Knoss Ave
Fort Worth, TX 76111*

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
9/9

2 FILER NAME
Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/25/13

5 Full name of contributor out-of-state PAC (ID#:
Joel Burns & J. D. Angle

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*2420 S. Adams St.
Fort Worth, TX 76110*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/25/13

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

Amount of contribution (\$)
300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1600 W. 7th St.
Fort Worth, TX 76102*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/25/13

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

Amount of contribution (\$)
2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*2650 Parkview
Fort Worth, TX 76102*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/14	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date 1/30/13	5 Payee name By London Victoria
--------------------------	---

6 Amount (\$) 325.00	7 Payee address; City; State; Zip Code P.O. Box 19298 Fort Worth, TX 76119
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (see categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/13	Payee name Staples
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Amount (\$) 107.14	Payee address; City; State; Zip Code 5650 Overton Ridge Blvd Fort Worth, TX 76132
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PURPOSE OF EXPENDITURE	Category (see categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/13	Payee name Staples
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Amount (\$) 200.00	Payee address; City; State; Zip Code 5650 Overton Ridge Blvd Fort Worth, TX 76132
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/13	Payee name US Postal Service
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Amount (\$) 42.34	Payee address; City; State; Zip Code Downtown Station Fort Worth, TX 76102
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2/11</i>		2 FILER NAME <i>Allen Gray Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/11/13</i>		5 Payee name <i>Dynamic Screen Display</i>			
6 Amount (\$) <i>707.00</i>		7 (Payee address; City; State; Zip Code) <i>300 Boone Rd, Ste. A-9 Burleson, TX 76028</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/14/13</i>		Payee name <i>Dynamic Screen Display</i>			
Amount (\$) <i>707.57</i>		Payee address; City; State; Zip Code <i>300 Boone Rd, Ste A-9 Burleson, TX 76028</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/28/13</i>		Payee name <i>By London Victoria</i>			
Amount (\$) <i>325.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 19298 Fort Worth, TX 76119</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/28/13</i>		Payee name <i>Bill Hadley</i>			
Amount (\$) <i>1,489.36</i>		Payee address; City; State; Zip Code <i>1800 Evans Ave Fort Worth, TX 76104</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3/11</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/28/13</i>	5 Payee name <i>Mi Cocina</i>	
6 Amount (\$) <i>114.17</i>	7 Payee address; City; State; Zip Code <i>4501 West Freeway #100 Fort Worth, TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>2/28/13</i>	Payee name <i>Metro PCS</i>	
Amount (\$) <i>268.00</i>	Payee address; City; State; Zip Code <i>3031 South Freeway Fort Worth, TX 76104</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>3/6/13</i>	Payee name <i>US Postal Service</i>	
Amount (\$) <i>184.00</i>	Payee address; City; State; Zip Code <i>Riverside Station Fort Worth, TX 76111</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>3/7/13</i>	Payee name <i>Carrie Green</i>	
Amount (\$) <i>120.00</i>	Payee address; City; State; Zip Code <i>4208 Wilhelm Street Fort Worth, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/11	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/7/13	5 Payee name Mary Davidson
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6 Amount (\$) 144.00	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) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/13	Payee name John Clark
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Amount (\$) 120.00	Payee address; City; State; Zip Code 5716 Houghton Ave Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/13	Payee name Dorothy Grey
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Amount (\$) 120.00	Payee address; City; State; Zip Code 4133 Burke Rd Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/13	Payee name Frances Crawford
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Amount (\$) 120.00	Payee address; City; State; Zip Code 7228 Reed St Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/111	2 FILER NAME Allen Gray Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/8/13	5 Payee name Dynamic Screen Printing
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6 Amount (\$) 920.13	7 Payee address; City; State; Zip Code 300 Boone Rd A-9 Burleson, TX 76028
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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)
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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 2/19/13	Payee name Derrick L Simmons
------------------------	--

Amount (\$) 324.75	Payee address; City; State; Zip Code 5700 E. Loop 820 Fort Worth, TX 76119
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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)
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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 2/20/13	Payee name Patrice Jackson Hawkins
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Amount (\$) 103.91	Payee address; City; State; Zip Code 8000 Plateau Fort Worth, TX 76120
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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)
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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 3/14/13	Payee name Carrie Green
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4208 Wilhelm St. Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>6/11</i>	2 FILER NAME: <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <i>3/14/13</i>	5 Payee name: <i>Davidson, Mary</i>
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6 Amount (\$): <i>200.00</i>	7 Payee address; City; State; Zip Code: <i>6901 Woodward Way Fort Worth, TX 76140</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date : <i>3/14/13</i>	Payee name : <i>John Clark</i>
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Amount (\$) : <i>160.00</i>	Payee address; City; State; Zip Code : <i>5216 Houghton Fort Worth, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date : <i>3/14/13</i>	Payee name : <i>Dorothy Carey</i>
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Amount (\$) : <i>160.00</i>	Payee address; City; State; Zip Code : <i>4133 Burke Rd Fort Worth, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date : <i>3/14/13</i>	Payee name : <i>Frances Crawford</i>
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Amount (\$) : <i>160.00</i>	Payee address; City; State; Zip Code : <i>4228 Reed St. Fort Worth, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7/11	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/15/13	5 Payee name Chase Bank
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6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code Riverside Branch Fort Worth, TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Rubber	(b) Description (If travel outside of Texas, complete Schedule T)
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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 3/20/13	Payee name Derrick L. Simmons
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Amount (\$) 243.56	Payee address; City; State; Zip Code 5700 E. Loop 820 Fort Worth, TX 76119
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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)
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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 3/20/13	Payee name Francis Crawford
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4228 Reed St. Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/13	Payee name Carrie Green
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Amount (\$) 150.00	Payee address; City; State; Zip Code 4208 Wilhelm Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8/11	2 FILER/NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/20/13	5 Payee name Dorothy Carey
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6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 4133 Burke Rd Fort Worth, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/13	Payee name John Clark
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Amount (\$) 160.00	Payee address; City; State; Zip Code 5616 Houghton Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/13	Payee name Mary Davidson
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Amount (\$) 200.00	Payee address; City; State; Zip Code 6901 Woodward Way Fort Worth, TX 76140
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/13	Payee name US Postal Service
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Amount (\$) 112.00	Payee address; City; State; Zip Code Downtown Station Fort Worth, TX 76102
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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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9/11	2 FILER/NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/24/13	5 Payee name Wal-Mart
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6 Amount (\$) 121.46	7 Payee address; City; State; Zip Code 2900 Renaissance Square Fort Worth, TX 76105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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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 3/25/13	Payee name Greater Meadowbrook News
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Amount (\$) 248.00	Payee address; City; State; Zip Code P.O. Box 24264 Fort Worth, TX 76124
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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)
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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 3/25/13	Payee name Dynamic Screen Printing
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Amount (\$) 920.13	Payee address; City; State; Zip Code 300 Boone Rd, A-9 Burleson, TX 76028
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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)
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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 3/28/13	Payee name John Clark
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Amount (\$) 160.00	Payee address; City; State; Zip Code 5616 Moughton Ave Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>10/11</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/28/13</i>	5 Payee name <i>Carrie Green</i>
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6 Amount (\$) <i>160.00</i>	7 Payee address; City; State; Zip Code <i>4208 Wilhelm Fort Worth, TX 76119</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/28/13</i>	Payee name <i>Mary Davidson</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>6901 Woodward Way Forest Hill, TX 76140</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/28/13</i>	Payee name <i>Dorothy Carey</i>
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Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4133 Burke Rd Fort Worth, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/28/13</i>	Payee name <i>Frances Crawford</i>
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Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St. Fort Worth, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>11/11</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date <i>3/30/13</i>	5 Payee name <i>Albertson's</i>
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6 Amount (\$) <i>120.98</i>	7 Payee address; City; State; Zip Code <i>6700 West Freeway Fort Worth, TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED