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 for	rm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MR FIRST	y K	OFFICE USE ONLY
NAME	NICKNAME alleri	Gray SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER— MAILING ADDRESS Change of Address	P.O. By 1692	#, CITY: STATE; ZIP CODE PortWorth TX 76/10/	RECEIVED APR - 1 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-9586	EXTENSION	Date Hand-delivered on Date Hostmarked CITY OF SECRETARY Receipt # Amount 5
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Phyll	is W	Date Processed
	NICKNAME ALAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); A  2707 Enris a	ue Int Worth T	STATE; ZIP CODE  **X*********************************
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 999-788	EXTENSION 7	
9 REPORT TYPE	January 15 30th day be	efore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before	ore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 202	THROUGH $03$	Day Year / 2021
11 ELECTION	i Month Day Year i 🗀	ELECTION TYPE  imary Runoff Other  Description  eneral Special	,
12 OFFICE	05/01/2021 December 105/01/2021 December 105/01/2021	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDI	TIONS ACCEPTED OR POLITICAL EXPENDITURES MAITURES MAY HAVE BEEN MADE WITHOUT THE CAND REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		1
	SPECIFIC COMMITTEE CAMPAIGN		}
	COMMITTEE CAMPAIGI	N TREASURER ADDRESS	
	· / GO 7	ΓO PAGE 2	/

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	len Gran Kella		16 Filer ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO     PLEDGES, LOANS, OR GUARANTE     CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$2,4	42. N
	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ 53,	922. D
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ 2,6	207.67
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ 27,	530.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	\$66,	186.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$	
Norma J My Commi 05/02/202 ID No. 68	Ission Expires	Signature of Car	ndidate or Office hold	er
(1) Affidavit				
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	X.M. (Alla)	Msay this the _	1 St day of Co	April Lorey
Signature of officer administer		ministering oath	Title of officer	administering oath
(O) II and District the Control of t	OR			
(2) Unsworn Declaration	on			
My name is		, and my date of birth is		
My address is	41-0			/
Evenuted in	(street)		ate) (zip code)	(country)
Executed in	County, State of, or	(month)	, 20 (year)	
		Signature of Candida	ate/Officeholder (Decla	arant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME WILLOW G/2	an Kelle	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	<i>// ( )</i>		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY	Y POLITICAL CONTRIBUTIONS		\$1,480.00
2. SCHEDULE A2: NON-MONI	ETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$5,100.00
3. SCHEDULE B: PLEDGED C	CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS			\$
5. SCHEDULE F1: POLITICAL	L EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$25,322.80
6. SCHEDULE F2: UNPAID INC	CURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHAS	SE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDIT	TURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL	EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10. SCHEDULE H: PAYMENT N	MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITIC	ALEXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, TO FILER	CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Date   5   Fill name of contributor	ID (Ethics Commission Filers) unt of contribution (\$)
Alicale College Campaign Fund   Grontributor address; City; State; Zip Code   JW TV 76 124     Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)	unt of contribution (\$)
Date   Full name of contributor   out-of-state PAC (ID#:	D. D
Contributor address; City; State; Zip Code    Contributor address; City; State; Zip Code   Contributor address; City; State; Zip Code   Contributor   Out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:	unt of contribution (\$)
Date    Full name of contributor	10.0
Steven a Epstein  Contributor address; City; State; Zip Code  157  1617 Steinburg Last FW 7X 76134  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	unt of contribution (\$)
	1.0
Date Full name of contributor out-of-state PAC (ID#:) Amol	unt of contribution (\$)
Contributor address: City; State; Zip Code 208 Paint Pony [r] N 7W 7K 76/108	50.D
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Somedule A1:
FILER NAME	Ulen Gray Kelly	3 Filer ID (Ethics Commission Filers)
Date	5 Full mame of contributor   Dout-of-state PAC (ID#:	<b>7</b> Amount of contribution (\$)
1/2021	6 Contributor address; City; State; Zip Code 7578 Morrison CY 7W TK 76112	500.00
Principal occup	pation / Job title (See Instructions)  9 Employer (See Ins	tructions)
Date /	Full name of contributor	_) Amount of contribution (\$)
1/2021	POB 737 Kurnedele TR 16060	1,000.00
rincipal occupa	ation / Job title (See Instructions)  Employer (See Inst	ructions)
Date	name of contributor: out-of-state PAC (ID#:	_) Amount of contribution (\$)
4/2021	Left R Davis  (Contributor address: City; PW TK 76/10	250.00
rincipal occupa	ation / Job title (See Instructions)  Employer (See Inst	ructions)
) ate	Bull name of contributor Out-of-state PAC (ID#:	_) Amount of contribution (\$)
4/2021	Contributor address; Qity; State; Zip Code  PDB 1000le6	250.00
rincipal occupa	ation / Job title (See Instructions) Employer (See Inst	ructions)

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## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	Instruction Guide explains how to	o complete thi	is form.	1 Total pages Semedule A1:
FILER NAME	Ulen Gray Kell	"Ly		3 Filer ID (Ethics Commission Filers)
Date	5 Full same of contributor  Ni Cole Collis	out-of-state PAG	,C (ID#:)	7 Amount of contribution (\$)
[6/2021	Mi'cole Collis 6 Contributor address; POB 24241  action / Joh title (See Instructions)	PW 7,	State; Zip Code <b>X 76/24</b>	250.00
Principal occup	oation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date			C (ID#:)	Amount of contribution (\$)
le/2021	13th an Wyer Contributor address; Bellaire Ruger	City;	State; Zip Code  V TK 76109	25D. D
	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
16/2021	Contributor address; 4727 Orvilla	Hous Yo	State; Zip Code	500.00
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Eull name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8/2021	Contributor address; LeSD E. Vista Ridge	City; Nall Lee	State; Zip Code Wishite Tx 75067	200.00
	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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### SCHEDULE A1

Date    State   State		e Instruction Guide explains how to complete this form.	1 Total pages Schadule A1:
State:   Zip Code   300.10	FILER NAME	Lew Gray, Kelly	3 Filer ID Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date    Full name of contributor   out-of-state PAC (ID#:	Date / (1/2/2/		
Date   Full name of contributor   out-of-state PAC (ID#:	18/2021	6/2 Highwoods Irl 4W 1x 1611	12
Principal occupation / Job title (See Instructions)   Employer (See Instructions)	Principal occ	upation / Job title (See Instructions)  9 Employer (S	Gee Instructions)
Principal occupation / Job title (See Instructions)    Date	Date /		
Principal occupation / Job title (See Instructions)    Date	18/2021	Contributor, address; City; State; Zip C 6015 Harris PKwy 4110 7W TK 7616	132 (, 177). D
Lineburger Goggen Blair - Sampon Contributor eddress; Gity; State; Zfp Code  2,500.0  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Sommittee for Public Socky - Hurba Contributor address; City; State; Zip Code  2,500.0  Amount of contribution (\$)  2,500.0  Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Sharpitte for Public Sikky - FWPVA  Contributor address; City; State; Zip Code  2501 Parkview 0r #600 7W 7K 76102	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Sommittee for Public Sikey - Furple Contributor address; City; State; Zip Code  2501 Parkview 0r #600 7w 7k 7602	18/2021	Pob 17428 awtin TX 7876	D 2,500.00
18/2021 Committee for Public Sixty - FWPSA  Contributor address; City; State; Zip Code  2501 Parkview Dr #600 7W 7K 76102  10, 000.00	Principal occu		
1 20 81 Parkvan Dr #600 760 76102	/ /	Committee for Public Sixty - 7WPsa	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	トメルスルスルー	2501 Parkview Dr #600 7W 7K 7610	10, 000.00
	opposi		ee Instructions)
	•	pation / Job title (See Instructions) Employer (Se	
	•	pation / Job title (See Instructions)  Employer (See	

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### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NO</b> T	I include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages (school le A1:
2 FILER NAME	Ulen Gray Kelly		3 Filer ID (Ethics Commission Filers)
4 Date	Hustin light	e PAC (ID#:)	7 Amount of contribution (\$)
48/2021		State; Zip Code  1 76116	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
2/10/2021	Kerlex asset Partner Contributor address; City; 3715 Camp Bowie Blod	State; Zip Code  7W TX 76107	10,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
2/10/2021	Contributor address; City;	State; Zip Code	250.10
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
2/15/2021	Contributor address; City; 2925 Van Horn Fu	State; Zip Code  ) TK 76111	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
· · ·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total page Schodule A1:
2 FILER NAME allen Gray, Kelly	3 Filer II (Ethics Commission Filers)
	7 Amount of contribution (\$)
5 Eull, name of contributor out-of-state PAC (ID#:	250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date  Full name of contributor  Out-of-state PAC (ID#:	_) Amount of contribution (\$)
2/25/2021 Glenience Mokinson Contributor address; City; State; Zip Code 3221 Rosepaven In FW TK 76116	570.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/25/2021 Tim Fleet  Contributor address; City; State; Zip Code  3045 Lackland Rd 7W TX 76116	2,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/1/2021 Contributor address; City; State; Zip Code 3228 Collinsworth St 7W 7X 76107	1,000.00
Principal occupation / Job title (See Instructions)  Employer (See Instru	uctions)
The state of the s	

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#### SCHEDULE A1

If the requested information is not applicable, DO N	NOT include this page in the	report.
The Instruction Guide explains how to comple	ete this form.	1 Total pages Somedule A1:
Ellen Gray Kelly		3 Filer ID (Ethics Commission Filers)
//2121 6 Contributer address; City;	State; Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	state PAC (ID#:)	Amount of contribution (\$)
1/2021 Contributor address; City; 5932 Village Course C	State; Zip Code ir 7W TK 76119	200.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
	state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; 2001 Glencrest 24	State; Zip Code  ) TK 76119	330. M
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
1) Kudolph Taylor	state PAC (ID#:)	Amount of contribution (\$)
3/2021 Contributor address; City; 2332 Riagewood Bet	State; Zip Code  God TX 76021	300. D
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
	ODIES OF THIS SCHEDI II E AS NI	

SCHEDULE A1

A Date   5 Full name of contributor   Dut-of-state PAC (ID#:				110111
All   All   Amount of contribution   Amount of contribution	FILER NAME	Len Gray Kelly		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  9	Date /7/2021	My son Mitchell		
Ton Kranpitt  Contributor addresst City; State; Zip Code  807 N Oak Cliff Blvd Vallas TK 75208  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  10/2021 Contributor address: City; State; Zip Code  3715 Canp Bowie Blvd 7w TK 26107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  12/2021 Synam Tleacher  City; State; Zip Code  Contributor address; City; State; Zip Code  Synam Tleacher  City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor Amount of contribution (\$)	Principal occu			****
Date  Full name of contributor  Contributor address;  City;  State; Zip Code  3715 Canp Brwie Blvd 4w TK 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date  Full name of contributor  Out-of-state PAC (ID#:	Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
Date  Full name of contributor  Contributor address;  City;  State; Zip Code  J715 Canp Brwie Blvd + W TK 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date  Shann Cletcher  Contributor address;  City;  State; Zip Code  Shann Cletcher  Contributor address;  City;  C	10/2021	Contributor address City; -	State; Zip Code  Dallas TX 75208	250.00
Michael Mallick   Contributor address: City; State; Zip Code   5, 1550.10	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pate  Full name of contributor  Out-of-state PAC (ID#:	Date /			Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Pull name of contributor	10/2021	Contributor address: City; 3715 Camp Bowie Blvd	State; Zip Code FW TK 76107	5,000.00
Shann Fletcher City; State; Zip Code 250.10 5808 Levelland 7W TK 76107	Principal occup	-		ons)
	/2/2121	Shann Hetcher Contributor address; City;	State; Zip Code	201 10
	Principal occur	<u> </u>		ons)

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

,			•
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER HAME	en Gray Kylly		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state Pr	AC (ID#:)	7 Amount of contribution (\$)
112/2021	5 Full name of contributor out-of-state Property Country Club Dr. 700  upation / Job title (Set Instructions)	State; Zip Code  7X 76/09	5n.n
Principal occ	upation / Job title (Se <b>s√</b> Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
16/2021	Morrison & Judler, La Contributor address; City; 2242 E Loop 820 7W	State; Zip Code  7	250.10
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
1/4/2021	Roland R. Walton Contributor address; City; 3433 Single of 7W TX	State; Zip Code <b>76/33</b>	300.D
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
[(4/2021	Contributor address; City; 140/ N. Bowie Dr. Weather	State; Zip Code Finel TK 76086	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
		<u> </u>	

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### SCHEDULE A1

If the reque	sted information is not applicable, <b>DO NOT include this pag</b>	e in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ver Gray Kelly	3 Filer ID (Emics Commission Filers)
4 Date	F. Foll name of contributor	7 Amount of contribution (\$)
3/18/2021	GOOD GOVERNMENT Fund  6 Contributor address; City; State; Zip Co.  201 Main St. # 2500 7W TK Net	1,250.10
8 Principal occu	pation / Job title (See Instructions)  9 Employer (Se	ee Instructions)
Date /	Full name of contributor	Amount of Contribution (¢)
3/18/2021	PSEL Pac  Contributor address; City; State; Zip Co  201 Mam St. #2500 7W TX 7610	1,250.00
Principal occup	eation / Job title (See Instructions)  Employer (See	pe Instructions)
Date 2	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7/22/2021	2W Frefighters Comm. For Responsible G Contributor address; City; State; Zip Co 3855 Tulsa Way 2W TX 76107	5, M.D
Principal occup	eation / Job title (See Instructions)  Employer (See	e Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
	Contributor address; City; State; Zip Cod	de
Principal occup	ation / Job title (See Instructions) Employer (Se	le Instructions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER MAN	En Gray Kelly		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 5,000.00
5 <sub>Date</sub> 3/le/202/	6 Full name of contributor   out-of-state PAC (ID#:	Zip Code 28754	8 Amount of Soln-kind contribution description  Digital Media  Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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	Full name of contributor	Zip Code	Amount of . In-kind contribution Contribution \$ . description
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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 TH	IS SCHEDUL	.EAS NEEDED

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	Wern Gray, Kelly	3 Filer ID (Ethics Commission Filers)
1/14/2021	5 Payee pame 3	
6 Amfunt (\$) 137.57	7 Payee address; 260 8th Ane	City; State; Zip Code  TK 76110
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Stamps
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Days / 1/19/2021	Smoke- a-Holics BK	30
Amount (\$)  /70.22	Payee address; 1417 E Vans Cine	City; State; Zip Code  7W TX 76104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Find Expense	Lunch For Volunteer 5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
1/2/e/2021	Vard Talk w Kim Po	ssible
Amount (\$) 1,485. W	8901 Tehana Ridge PKu	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Varel Cards for Campaigne Paras
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held
expenditure to benefit C/OF		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries Mages (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	All Committee 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	2 FICERHAME 3 Filer ID (Ethics Commission Filers)
1/27/2021	5 Pavee name  S Y S Custom Tues
301.N	7 Payee address; City; State; Zip Code 410 anker Ln Crowley TX 76036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  advertising Expense  T-3 hints For Campaign
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held H
Date .	Payee name
1/27/2021	DSP
Amount (\$)	Payee address; City; State; Zip Code
503.36	300 Boone Rd Ste a-9 Burleson, TX 76028
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. 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
1/29/202/	3rd Lyric Digital Enterprises
Amount (\$) 309.27	821 Newport Rd 2W TX 76120
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense  D5/Drone for Campaign Brade
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	fice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Willen Gray Kell	4	Filer ID (Ethics Commission Filers)
4 Date 2 1	5 Payee name To Entertain	ment	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
200.00	25/2 Galemeadow Dr.	c 7W TK	76123
8	(a) Category (See Categories listed at the top of this sched		Λ •
PURPOSE OF EXPENDITURE	Event Expense	Masks for	Campaign Parade
	(c) Check if travel outside of Texas. Complete Schedul	leT. Check if Austin, 3	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
2/3/2021	5+5 Custom Tus	<i>L's</i>	
Amount (\$)	Payee address;	City;	State; Zip Code
120.10	410 amber LN	Crowley TI	L 76036
	Category (See Categories listed at the top of this schedul	le) Description	_
PURPOSE OF EXPENDITURE	advertising Expense	T-shirts	For Campaign
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name	11.77110	
2/4/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
162.00	251 W Lancaster an	re 7w	TX 76102
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Jees	POBOX Re	newal
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
- JUN-	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDE	ED .

## SCHEDULE F1

If the requested inf	ormation is	not applicable, De	O NOT Includ	e this page in the	report.		
		EXPENDITUR	E CATEGORII	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Office Pollin xpense Printir Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Transportation Equ Travel In District Travel Out Of Distr	ipment & Related Exp	
1 Total pages Schedule F1:	2 FIVER N	en Gray	Kelly		3 Filer ID (Ethi	cs Commission File	∍rs)
4 Date 1 / 2021	5 Payee na	Talk w	King	osside			
6 Amount (\$)	71 Payee ac	idress;		City;	State;	Zip Code	
(, M). 0	8901	Tehama K	idge PK	vy 7w	TK 761	77	
8	(a) Categor	y (See Categories listed at the	ne top of this schedule	(b) Description	,	-	
PURPOSE OF EXPENDITURE	Even	t Expens	_	Yard Care	For Campo	aign Bra	de
	(c)	Check if travel outside of Texas	. Complete Schedule T.	Check if A	ustin, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder nam	е	Office sought		Office held	
Date /	Payee na	me					
2/8/2021	Style	FW Pict	nres				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
250.10	3208	Riverlake	s Dr	Hurst	TX 74	053	
	Category	(See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event	Expense		Photograp	hy For Cam	paign Por	ad
		Check if travel outside of Texas	. Complete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder nam	e	Office sought		Office held	and All Art
Date /	Payee na	ame		7000			
2/10/2021	Tunk	Do Proper	Hy Man	+ LLC			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
400.00	9700	apex St.		7W TX	76108		
	Category	(See Categories listed at the	top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contra	ct Labor		Sign P	lacement		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Au	ustin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder nam	ne	Office sought		Office held	

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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the a category not listed shove)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries N  The Instruction Guide explains how to o	Mages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
2/16/2021	5 Rayee name	
6 Alnount (\$) 3,442.77	300 BooneRd B	urleson TX 76028
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date/ /	Payee name	
2/25/2021	Sam's Club	
Amount (\$)	Payee address;	City; State; Zip Code
109.55	4400 Bryant Irvin K	J 7W TK 76132
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Other	Office Supplies/PPE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Dat <b>l</b> e /	Payee name	
2/24/2021	Sam's Club	
Amount (\$)	Payee address;	City; State; Zip Code
130.94	4400 Bryant Irvin R.	J 7W TK 76132
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Other	Office Supplies
	Check if travel outside of Texas, Complete Schedule T.	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
And the state of t	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	Wen Gray, Ke	lly	3 Filer ID (Ethics Commission Filers)
4 Date 1 27/2021	Dogald R Marsh	all	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,000.0	2817 E. 44h St.	7W TX 70	le 11 1
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Rental Expense	Campaign	Offe Space
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/2021	NutroDes		
Amount (\$)	Payee address;	City;	State; Zip Code
640.00	1308 N Beach	· Haltom O	ty TX 76111
	Category (See Categories listed at the top of this sch	nedule) Description	3
PURPOSE OF EXPENDITURE	Other	Phone Ban	K Phones
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
3/4/2021	Payee name Areau		
Amount (\$)	Payee address;	City;	State; Zip Code
120.N	4208 Wilhelm St.	fw Tx	26119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description Those T	Danker
	Check if travel outside of Texas. Complete School	edule T. Check if Austin, T	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEED	ED

## SCHEDULE F1

<del>`</del>			
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER HAME Gray Kel	ly	3 Filer ID (Ethics Commission Filers)
4 Date (1/2/2/	5 Payee name Wawfor	rd.	
6 Ampunt (\$)	7 Payee address;	City;	State; Zip Code
120.00	4228 Reed St	7W	TK 26119
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Contract Lakor	Phone	Sanker
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
3/4/2021	Payee name Westan Welson	<u>ر</u>	
Amount (\$)	Payee address;	City;	State; Zip Code
120.m	4129 Burke Kd	$2\omega$	TK 26119
	Category (See Categories listed at the top of this sch	nedule) Description	·
PURPOSE OF EXPENDITURE	Contract Labor	Phone E	Banker
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		manufactural transfer and trans
3/4/2021	Dorothy Carey		
Amount (\$)	Payee address;	City;	State; Zip Code
120.00	4133 Burke Rd	Qw	TX 76119
DUBBORE	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Phone Bo	anker
	Check if travel outside of Texas. Complete Sche	dule T. 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 O	F THIS SCHEDULE AS NEED	DED

## SCHEDULE F1

		EXPENDITU	JRE CATEG	ORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services		Office Overl Polling Expe Printing Exp		se Trans Trave Trave	l In District I Out Of Distric	ment & Related Expense
Credit Card Payment		The Instruction G	Buide explains	how to co	mplete this form	١.		
1 Total pages Schedule F1:	5 Payge na	len Grand	uy, K	elly		3 File	er ID (Ethics	s Commission Filers)
6 Amount (\$)	7 Jayee ac	dress;			City;		State;	Zip Code
120.00	5616	Houghton	Ave		7W	TK	7610	7
8	(a) Categor	y (See Categories listed	at the top of this so	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contr	act Lako	<b>}</b>		Phone	Ban	Ker	
	(c)	Check if travel outside of Te	xas. Complete Sch	edule T.	Check if	Austin, TX, off	iceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol		ate / Officeholder na	ame		Office sough	nt		Office held
Date /	Payee na	me	•				***************************************	
3/4/2021	Mar	y Davis	200					
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
133.00	6901	Windwa	rd Wa	ч	Forest	Hill	TX	76140
	Category	(See Categories listed at	the top of this sch	egule)	Description			
PURPOSE OF EXPENDITURE	Contra	ict Lako	<b>~</b>		Phone	Ban	Ker	
		Check if travel outside of Te	xas. Complete Sch	edule T.	Check if	Austin, TX, offi	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder na	me		Office sough	t		Office held
3/1/2021	Payee na	20 Prope	oly R	lgmt	LLC			
Amount (\$)	Payee ad	dress;	1		City;		State;	Zip Code
180. D	9700	apex St			7w T.	x 74	108	
	Category	(See Categories listed at	the top of this sch	edule)	Description			
PURPOSE OF EXPENDITURE	Contra	et Labor	•		Sign F	Places	nent	
		Check if travel outside of Tex	as, Complete Sche	dule T.	Check if	Austin, TX, offic	eholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder na	ame		Office sough	it		Office held
	ATT	ACH ADDITIONA	L COPIES O	F THIS SC	CHEDULE AS I	NEEDED	14.67	
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### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) pages Schedule F1: 2 FILER) Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

		EXPENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food y Gift/A il Committee Lega	t Expense /Beverage Expense wards/Memorials Expense I Services	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
* ************************************		Instruction Guide explai	ns how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER HAME	Jaray, Ke	lly		3 Filer ID (Eth	ics Commission Filers)
3/8/2021	5 Partie hame	hy Masica	١ ر			
6 Amount (\$)	7 Payee adbress	Sh Ol		City;	State;	Zip Code
570.00	815-a K	314-205 )4. 7	304	austin	TK	78701
8	(a) Category (See	Categories listed at the top of this	schedule) (	b) Description		
PURPOSE OF EXPENDITURE	Consub	ing Expens	æ	Lists-	Voters	
	(c) Checki	ftravel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	=	Officeholder name		Office sought		Office held
3/10/202/	Payee name  O Tex	ry Consu	King			
Amount (\$)	Payee address		1	City;	State;	Zip Code
1,500.00	5648	De Cory Ko	l	ZW TA	L Ue 134	1
PURPOSE OF EXPENDITURE	Category (See Consult)	ategories listed at the top of this s	schedule)	Description  Ampaign	n Oversi	ght/Cenvas
	Check if	travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livii	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / C	fficeholder name	1/1/1/20	Office sought		Office held
Date /	Payee name					
8/15/2021	C Tierra	y Consult	ing			
Amount (\$)	Payee address			City;	State;	Zip Code
2,60.00	5648	De Cory Kd		2W TK	7613	4
	Category (See C	ategories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Consulti	ng Expense	$\mathcal{Q}$	mpaign 02	sersight,	Carrassers
	Check if	travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, office older liver	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sought		Office held
-	ATTACH	ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking

Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Constituting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services			Travel In District Travel Out Of Dis Other (enter a cat	strict tegory not listed above)
Credit Gard Fayment		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F1:	2 FIVER N	Che Gray	Kelly		3 Filer ID (Et	hics Commission Filers)
4 Date () 2021	5 Payee na	& Custon	n Tee!			7.0.1
6 Africunt (\$)	1/Payee 6	imber Las	ne	Crowley	State;	76036
0007	, ,			<u> </u>		
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		/
PURPOSE OF EXPENDITURE	adva	ryising Ey	Dense	Campaig	in 2-51	lirts
	(c)	Check if travel outside of Texas. C	Complete Schedule T.	Check if Aus	tin, TX, officeholder liv	ving expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date /	Payee na	ime 🔼				
3/11/2021	Doro	thy Carey	1			
Amount (\$)	Payee ac	Idress	<u> </u>	City;	State;	Zip Code
150.00	4133	Burke K	L	7w 7	TK 70	le119
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	p of this schedule)	Phone	Bunker	J
	П	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
3/11/2021	Payee na	in Wil	Tow			
Amount (\$)	Payee ad	-1		City;	State;	Zip Code
150.00	4129	Burke K	d	$4\omega$	TX	76119
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top	p of this schedule)	Phone	Banker	~
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
and the state of t	ATT	ACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEI	EDED	

### SCHEDULE F1

ii iiie requested iiii	If the requested information is not applicable, DO NOT include this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F al Committee Legal Services S	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	Glen Gray K	elly	3 Filer ID (Ethics Commission Filers)				
3/11/2021	5 Physic name . Green						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
160.00	4208 Wilhelm	76	TX 76119				
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description					
PURPOSE OF EXPENDITURE	Contract Labor	Phone t	Banker				
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held				
B/11/2021	Mary Davidson						
Amount (\$)	Payee address;	City;	State; Zip Code				
180.00	6901 Windward W	ay Forest 1	4511 TK 26140				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Phone B	anker				
	Check if travel outside of Texas. Complete Sched	fule T. Check if Austin,	TX, officeholder living expense				
Complete ONLY if direct							
3/11/2021	Sohn Wark						
Amount (\$)	Payee address;	City;	State; Zip Code				
150.D	Stalle Houghton  Category (See Categories sted at the top of this sched	4W 7	X 76107				
PURPOSE OF EXPENDITURE	Contract Lakor	Phone B	an Ker				
	Check if travel outside of Texas. Complete Schedu	uleT. 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							

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		nting Expense Travel Out Of District Aries/NVages/Contract Labor Other (enter a category not listed above)  w to complete this form.
1 Total pages Schedule F1:	2 FILEF NAVIE Cray K	3 Filer ID (Ethics Commission Filers)
4 Date 0/2021	rancis crawford	L'
6 Amolint (\$) /60. N	7 Payee address; 4228 ReedSt.	City; State; Zip Code  FW TK 76119
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Phone Banker
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 3/12/2021	Metroplex Person	nel
Amount (\$) /, 1777. 10	Payee address; 5820 Chimney Wood	City; State; Zip Code  L'Arcle 7W TK 16/12
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Phone Barkers
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
3/15/2021	Payee name Papa Suhn's Pizza	J
Amount (\$)	Rulyee address;	City; State; Zip Code
158.D	1101 E Berry St.	7W TK 76110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Campaign Walkers Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Schedule F1: City; State; Zip Code (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH State; Zip Code PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### SCHEDULE F1

	EXPENDITURE CAT	regories for BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	· ·	lains how to complete this form.	3 Filer ID (Ethics Commission Filers)		
3/18/2021	5 Payee name (wrey	/			
6 Amount (\$) /60.00	4133 Burke Rd	City: AW	State; Zip Code  7K 76/19		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Contract Labor	Phone K	Banker		
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held		
Date 3/18/2021	Mary Davidson	<i>,</i>			
Amount (\$) 190.0)	Payee address; 6901 Windulard	Way Forzst 4	State; Zip Code 5/11 TX 76140		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Phne K	Banker		
Complete ONLY if direct expenditure to benefit C/Oł	Check if travel outside of Texas. Complete Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held		
3/22/202/	Payee name  Consul	Ying.			
Amount (\$) 2,400.00	Payee address; Se 48 De Cory Re	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Campaign	Opersight Can Vasser		
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					