# OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

WORTH, TX FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MR8/MR	Kully	A MI	OFFICE USE ONLY
NAME	NICKNAME	allen G	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	-	1/692 Fort	Worth TX 76101	RECEIVED RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	(8/7) 4	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Bistmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Phyllis	SUFFIX	Receipt # Amount \$
		Wellen		Date Imaged
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
ADDRESS (Residence or Business)	2707 E	innis aux	Fortworth T,	R 76111
8 CAMPAIGN TREASURER PHONE	(817) G	PHONE NUMBER 199-7887	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	03	Day Year [23] / 2021	THROUGH OF	Day Year  2   202
11 ELECTION	Month Day	Year Primary	Runoff Description  Special	
12 OFFICE	OFFICE HELD (if any)	Coursel- Mist	13 OFFICE SOUGHT (If known	)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Dance	GENERAL	COMMITTEE ADDRESS	9	
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREAS	GURER NAME	-
1		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
	ar a	GO TO P	AGE 2	ě.

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	en Gray Kelly		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPERATIONS OF GUARANTE CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 815.00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS, O		\$14,565,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ 626.54
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 20,644.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	* 60,107.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$
	Please complete	Signature of Car	adidate or Office holder
(1) Affidavit	Norma J Marshall My Commission Expires 05/02/2021 ID No. 6802622		
NOTARY STAMP/SEAL	before me by Kelly Allen	this the	23 rd ay of april
01	which, witness my hand and seal of office.	+ MARSHALL	Notary
Signature of officer administer	ring oath Printed name of officer ac	dministering oath	Title of officer administering oath
(2) Unsworn Declaration			
My name is		, and my date of birth is _	
My address is	(atract)	_,,,,,,,,,,,,,	ate) (zip code) (country)
Executed in	(street) County, State of , o		
		Signature of Candida	ate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME (20 Filer ID (Ethics Con Willy)	nmission Filers)
21	SCHEDULE SUBTOTALS // V / NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ /3, 750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$20,017.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### 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	s form.	1 Total pages—Ochedule A1:
2 FILER WAME	len Gray Kelly		3 FileCAD (Ethics Commission Filers)
4 Date 3/29/21	5 Full name of contributor out-of-state PAI  GREAUCE PULLER PULCE  6 Contributor address; City;	7 Amount of contribution (\$)  2,577. (2)	
, ,	2650 Parkview Dr 4W	State; Zip Code TK 76102	*
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/29/21	Contributor address; City; City; Taylor-St. IW TK	State; Zip Code	250. D
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date /	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/29/21	Contributor address; City; 4055 Interpational Place	State; Zip Code  a 7W7X 76109	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 2/26/24	Full name of contributorjut-of-state PAC	C (ID#:)	Amount of contribution (\$)
0 29 21	Contributor address; City; 5932 Village Course 7W	State; Zip Code  TK 76119	200.00
	pation / Job title (See Instructions)	Employer (See Instruction	ons)
The Land State of the Control of the			Amendment of the second of the

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the reque	sted information is not applicab	ole, DO NOT in	iclude this page in the	report.
The	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ellen Gray K	Telly		3 Filer (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
3/31/21	6 Contributor address;	City;	State; Zip Code	250.10
8 Principal occu	 upation / Job title (See Instructions)	•	9 Employer (See Instruct	cions)
Date	Full name of contributor	□ out-of-state PAC	> (ID#:)	Amount of contribution (\$)
4/3/21	Contributor address;	City;	State; Zip Code	250.00
Principal occup	oation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/4/21	Contributor address;	City;	State; Zip Code	200. N
Principal occup	 pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/5/21	Contributor address;	City;	State; Zip Code	250. N
Principal occup	 pation / Job title (See Instructions)		Employer (See Instructi	ons)

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### SCHEDULE A1

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

			1 Total/pages/Schedule A1:
Inc	e Instruction Guide explains how to complete this	s form.	3015
FILER NAME	allen Gray Kelly		3 Filer ID Ethics Commission Filers)
Date //	5 Full plame of contributor Dout-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
18/21	6 Contributor address; City; 100 E. 15th St. FW TK	State; Zip Code	500.00
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	angola Kunga	(ID#:)	Amount of contribution (\$)
20/2/	Contributor address; City;	State; Zip Code Off Village 7/18/3	4 150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Eull name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
29/21	Contributor address; City;	State; Zip Code	500.10
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
8/21	Dasid Changell	(ID#:) State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruction	
Tillopal occup	satisfier (ode metaesterie)	Employer (dee metadett	

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### SCHEDULE A1

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The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	allen Gray, Kelly		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
4/10/21	6 Contributor address; City; S/25 Morent Shasta FW 7,	State; Zip Code  X Ne/37	20.0
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date		C (ID#:)	Amount of contribution (\$)
4/13/21	7W Frefighters Committee Contributor address; City; 3855 Tu/sa Way IW	State; Zip Code	5, M. N
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		C (ID#:)	Amount of contribution (\$)
4/13/21	Lusa Woodard  Contributor address; City;  5633 Granada FW TA	State; Zip Code K 76119	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Eull name of contributor  ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/13/21	Contributor address; City;	State; Zip Code  J TX 76110	750.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ons)

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### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	allen Gray Kelly		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Confervative Voters to	C (ID#:)	7 Amount of contribution (\$)
4/16/21	6 Contributor address; City; // Hars	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full-name of contributor out-of-state PAC		Amount of contribution (\$)
4/16/21	Contributor address; City; 3863 South Fuy Fw	State; Zip Code TK 76110	500. N
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
1.1.00			

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### schedule F1

ir the requested in	- IOIIIIadoli ic	s not applicable, DO NOT	molude tina page in the	report.
		EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins 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)
		-	ans now to complete the form.	1
1 Total pages Schedule F1	460	len gray No	elly	3 Filer ID (Ethics Commission Filers)
3/25/2021	5 Payeena	hn Clark	,	
6 Amount (\$)	7 Mayee ac	ddress;	City;	State; Zip Code
160.00	5616	Houghton Cin	ie 7W TX	76107
8	(a) Categor	y (See Categories listed at the top of this	s schedule) (b) Description	2
PURPOSE OF EXPENDITURE	Contra	ict Labor	Phone K	Bank
	(c)	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
Date	Payee nar	me	<del></del>	
3/25/2021	Fran	cis Crawfora	6	
Amount (\$)	Payee add	dress;	City;	State; Zip Code
160.00	4228	Reed St	$7\omega$	TX 16119
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	Description Phone Description	ank
		Check if travel outside of Texas. Complete Sc	chedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held
Dail 1	Payee nar	me		
3/25/2021	Carr	ie Green		
Amount (\$)	Payee add	dress;	City;	State; Zip Code
160.00	4208	Wilhelm	7w TX	76119
	Category (	(See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Contra	et Labor	Phone t	Bank
	c	Check if travel outside of Texas. Complete Sch	hedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name	Office sought	Office held
	ATT/	ACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEE	DED

#### SCHEDULE F1

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense	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:	T 0		3 Filer ID (Ethics Commission Filers)
4 Dayle 1 / 25/2021	5 Palee name )		Name to the state of the state
6 Amount (\$)	7 Payee address	City;	State; Zip Code
160.00	4133 Burke Kd	7W TX	76119
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description	^
PURPOSE OF EXPENDITURE	Contract Labor	Phone 13	ParK
	(c) Check if travel outside of Texas. Complete	te Schedule T. Check if Austin, T	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date /	Payee name		
3/25/2021	Twien Wilse	m	
Amount (\$)	Payee address;	City;	State; Zip Code
160.00	4129 Burke Rd	ZW TX 2	16119
	Category (See Categories listed at the top of thi	is schedule) Description	-
PURPOSE OF EXPENDITURE	Contract Labor	Phone Be	ank
	Check if travel outside of Texas. Complete	Schedule T. 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		
3/25/2021	Mary Davidson	ر 	
Amount (\$)	Payee address;	City;	State; Zip Code
192. N	6901 Windward	Way Forest Hill	TK 26140
	Category (See Categories listed at the top of this	s schedule Description	
PURPOSE OF EXPENDITURE	Contract Labor	Phone Ba	nK
	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
	ATTACH ADDITIONAL COPIE:	S OF THIS SCHEDULE AS NEEDE	D

#### 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 Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER MA 3 Filer ID (Ethics Commission Filers) City; State; Zip Code (b) Description (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 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code Amount (\$) Description **PURPOSE** 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 Pavee name City; State; Zip Code Description (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

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 Fees Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. pages Schedule F1: 3 Filer ID (Ethics Commission Filers) State: Zip Code (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Zip Code **PURPOSE 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 **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	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)		
	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule Fr	Illen Cikay Ke	lly	3 Filer ID (Ethics Commission Filers)		
4/1/2021	5 Payee name Rawford				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
160.00	4228 Reed St.	7w 7	TK 76119		
8 PURPOSE	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	3. <i>V</i>		
OF EXPENDITURE	Contract Lavor	Plenel	MANC .		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date / 2021	Dohn Clark				
Amount (\$)	Payee address;	City;	State; Zip Code		
160.00	5616 Houghton au	e 7w	TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Description  Plane (	Bank		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	FX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/1/2021	Dorothy Carey				
Amount (\$)	Payee address;	City;	State; Zip Code		
160.00	4133 Burke Rd	7w -	TX 76119		
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Contract Labor	Phone B	arK		
	Check if travel outside of Texas. Complete Sched	leT. Check if Austin, T.	X, 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 NEEDE	ED		

#### SCHEDULE F1

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		EXPENDITURI	CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Polling pense Printin Salarie	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Transportation I Travel In Distric Travel Out Of D	
1 Total pages Schedule F1:	2 FILED N	len Chu	Kelly		3 Filer ID (E	thics Commission Filers)
4 Dale 4 4/1/2021	5 Payet na	u avida	m			
6 Amount (\$)	7 Payee ac	ld/ess;		City;	State;	Zip Code
192.00	Le 901	Windware	( Way	$2\omega$	TX	16140
8 PURPOSE OF EXPENDITURE	(a) Category	act Labor	top of this schedule)	Phone (	Bank	,
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX, officeholder I	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date 4/1/2021	Payee nar	1 , - \	ersonh	el		
Amount (\$) (, (1717), (1)	Payee add	Chim ney	Word (	ir. Zw-	State; TX Ue l	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	op of this schedule)	Description	Bank	,
		Check if travel outside of Texas. C	omplete Schedule T.	Check if Aust	in, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date 1	Payee nar	ne			· · · · · · · · · · · · · · · · · · ·	
4/1/2021	Papp	usito's				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
275.00	2704 (	Vest Freeu	Jay "	7W TX	C We	102
PURPOSE OF EXPENDITURE	Food &	See Categories listed at the to		Description  Lunch for	r Campini	gn Workers
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL CO	OPIES OF THIS	S SCHEDULE 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)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State: Zip Code (b) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. 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 Amount (\$) Description **PURPOSE 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 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### schedule F1

3	EXPEN	NDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	e Expense Office emorials Expense Prin s Sala	an Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form.	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F1:	alleng	ray, Kelly		3 Filer ID (Eth	hics Commission Filers)
4 Date 8/2021	2010000	irey			
6 Amount (\$)	7 Payee address	$\widehat{J}$	City;	State;	Zip Code
160.00	4133 Burk	'eRd_	$-2\omega$	TK 76	119
8	(a) Category (See Categories	listed at the top of this schedu	(b) Description	***************************************	
PURPOSE OF EXPENDITURE	Contract La	kor	Phone !	Bank	
	(c) Check if travel outsic	ide of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name	Office sought		Office held
H/8/2021	Mary David	idson			
Amount (\$)	Payee address;		City;	State;	Zip Code
192.0	6901 Wind	ward Wa	710 -	TK	76140
PURPOSE OF EXPENDITURE	Category (See Categories lis	ted at the top of this schedule	Phone !	Bank	
		te of Texas. Complete Schedule T	land of the second	in, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	∍r name	Office sought		Office held
Date 12021	Payee name Nivian U	Tilson			
Amount (\$)	Payee address;		City;	State;	Zip Code
160.00 ·	4129 Burk	Rd	2W TX	76/19	
PURPOSE OF EXPENDITURE	Category (See Categories list	ed at the top of this schedule)	Phone t	Bank	
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought		Office held
	ATTACH ADDITIC	NAL COPIES OF TH	IIS SCHEDULE AS NEEL	DED	

#### 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 Travel In District Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILES 3 Filer ID (Ethics Commission Filers) City; State; Zip Code 8 (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH City; Zip Code Category (See Categories listed at the top of this schedule) Description **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 Dat City; State; Zip Code Category (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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E:		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ipment & Related Expense
Credit Card Payment		The Instruction Guide expla				,
1 Total pages Schedule F1 4 Date	1: 2 FILER N	len Jagy N	elly		3 Filer ID (Ethic:	s Commission Filers)
4/15/2021	1)oro	Chy Carey		O20.44	Oteta	
6 Amount (\$) /60.00	7 Payee ad 4/33	Burke Rd		city; ZW	State; TK 74	Zip Code 1/19
8	(a) Category	y (See Categories listed at the top of thi	is schedule)	(b) Description	^ ,	
PURPOSE OF EXPENDITURE	Conti	ract Labor		Phone 1	Bank	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date/ 4/15/2021	Payee nam	n Clark				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
160.00	5616	Houghton		7W TX	V 16107	7
PURPOSE OF EXPENDITURE	Category (	(See Categories listed at the top of this s act Labor	schedule)	Phone R	Bank	
	c	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living 6	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	(	Office held
Date / 4/15/202/	Payee nam	is Chawfor				
Amount (\$)	Payee addi	ress;		City;	State;	Zip Code
160.D	4228	Reed St.		7W	TK 7611	19
PURPOSE OF EXPENDITURE	Contra	See Categories listed at the top of this so		Phone K	Bank	
		heck if travel outside of Texas. Complete Sc	chedule T.	· ·	ı, TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit G/OH		e / Officeholder name	_	Office sought	(	Office held
	ATTA	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEEI	DED	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			
	The Instruction Guide explains	how to complete this form.	15-70-00 A		
1 Total pages Schedule F1	allen Carry, Kel	ly	3 Filer ID (Ethics Commission Filers)		
4 Date 15 2021	5 Payeoframe . White William				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
160.00	4208 Wilhelm	7w 7,	X 76119		
8	(a) Category (See Categories listed at the top of this sch	thedule) (b) Description			
PURPOSE OF EXPENDITURE	Contract Labor Phone Bank				
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date / /5/202/	Payee name  Marci Davidson				
Amount (\$)	Payee address;	City;	State; Zip Code		
192.00	6901 Windward Le	Jay 7H	TX 76140		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Phone B	ink		
	Check if travel outside of Texas. Complete Sched	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		
Date /	Payee name				
4/15/2021	Wewian Gelson				
Amount (\$)	Payee address;	City;	State; Zip Code		
160.00	4129 Burke Rd	76	TK 16119		
	Category (See Categories listed at the top of this sched	dule) Description	_		
PURPOSE OF EXPENDITURE	Contract Labor	Phone B	inK		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, T	X, 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

	EXPENDITURE CATEG	3ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Office Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave	citation/Fundraising Expense sportation Equipment & Related Expense el In District el Out Of District or (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains			
1 Total pages Schedule F1:	allen Gray N	Celly 3 File	ler ID (Ethics Commission Filers)	
4 Date/0 / 202/	5 Payofframe/ Pers	mel		
6 Amount (\$)	5820 Chimny Week	Cir ZW TK	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Phone Ban	nK	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin, TX, off	ficeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held	
Date / 2021	Rendy 11 Locke			
Amount (\$)	Payee address;	City;	State; Zip Code	
250.00	6012 Portico Ur	IW TK	74132	
<u>-</u> -	Category (See Categories listed at the top of this school	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Media Orres	roight	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX, office	ceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
H/8/2021	Payee name Print Dace			
Kmount (\$)	Payee address;	City;	State; Zip Code	
569.88	1110 ave H East	arlington .	TK 76011	
PURPOSE OF EXPENDITURE	Printing Expense	Mailer		
	Check if travel outside of Texas. Complete Sched			
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

				13	-1	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)	AM 4 - 07 - 17 - 1 - 1 - 1	<u> </u>
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule F1:	: 2 FILER N	AME Shey KUL	lei		3 Filer ID (Et	thics Commission Filers)
4 Date 4 13 2021	5 Payee na	The Sace	7			
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945,95	1110	live H Kast		Wilington	r TK	16011
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pren	hng KKPense		Postage	ા	
	(c)	Check if travel outside of Texas. Complete Sci	chedule T.	Check if Austin	n, TX, officeholder liv	ving expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date / / / / / / / / / / / / / / / / / / /	Payee nai	ry Consulting	j			
Amou'nt (\$) S IV, 1V	Payee add 5648	De Cory Rd		JW TX	State;	Zip Code
PURPOSE OF EXPENDITURE	Category CMJ iu	(See Categories listed at the top of this sch	:hedule)	Campaign Canya	Oversigi Tosers	ht/
		Checkift avel outside of Texas. Complete Sch	hedule T.	hi	TX, officeholder livi	-
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date / / / / / / / / / / / / / / / / / / /	Payee nar	rry Consultir	rg			
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
2499.12	5641	8 De Cory Rd	1	7W	TK	76134
PURPOSE OF EXPENDITURE	onsuly	(See Categories listed at the top of this schools)  LypenSe  Check if travel outside of Texas. Complete Sche		Description  Campaign  Check if Austin	Duers Sees TX, officeholder livir	ight/
Complete ONLY if direct	<u> </u>	te / Officeholder name	edule i.	Office sought	TA, Officerioless near	Office held
expenditure to benefit C/OH						•
	ATT/	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED	