		CEHOLDER CE REPORT	OFFICIAL RECORD	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	Filer IDNETTICS Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS / MR	Kell,	A MI	OFFICE USE ONLY
TV WE	NICKNAME	allen Gr	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.D. Box		state; zipcode	RECEIVED MAY 2 8 2021 CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	(8/7)68	PHONE NUMBER 88-95-86	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Phyllis	ω "	Date Processed
17 1112	NICKNAME	allen	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SUI	ortwork, TX	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(817) 9	PHONE NUMBER 99-7887	EXTENSION	
9 REPORT TYPE	January 15	30th day before elec	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	U4 Month	Day Year / 2021	THROUGH 05	Day Year / 26 / 2021
11 ELECTION	Month Day	Year Primary	Runoff Cother Description Special	
12 OFFICE	OFFICE HELD (if any)	Council Dist	3 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	100
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	allen Gray Kelly		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMZED POLITICAL CONTE PLEDGES, LOANS, OR GUARANTEES C CONTRIBUTIONS MADE ELECTRONICA	F LOANS, OR	\$ 1, 335.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$ 62,735.10	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$ 4,122,75	
	4. TOTAL POLITICAL EXPENDITURES		\$ 40,062.98	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	NTAINED AS OF THE LAS	\$ 50,641.24	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD	-	THE \$	
Signature of Candidate or Office older Please complete either option below: MARY J. KAYSER				
Com	ry Public, State of Texas im. Expires 01-11-2025 Notary ID 3896065			
	which, witness my hand and seal of office.	this the stering oath	day of May Title of officer administering crath	
(2) Unsworn Declarat	OR			
		, and my date of birth is		
My address is	(street)	(city) (st	tate) (zip code) (country)	
Executed in	County, State of, on the		, 20	
	-	Signature of Candida	ate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME. 20 Filer ID (Ethics Com					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 61 400. D				
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	35,940,23				
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/O	н \$				
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 form.	1 Total payles Schedule A1:
2 FILER NAME	allen Gray Kelly	3 File 10 (Ethics Commission Filers)
4 Date 4/22/2/	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	POBEX 159 Fort Worth TK 76102	
8 Principal occu	g Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
TJAGJAJ	Contributor address; City, State Coursel 177 Main St. Fort Worth TX 76102	1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Fyll name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/4/24	Contributor address; City; State; Zip Code 640 Brievelff Artworth TX 76/32	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	8301 Randol Mill Antworth TX 76112	250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
1		

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.

in the requested information is not applicable, bo Not include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME WELLY Kelly			3 Filer ID Ethics Commission Filers)		
4 Date	5 Fyll name of contributor Jout-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
5/5/2/	6 Contributor address; City; P.O. Box 470/58 Fortwo	State; Zip Code HUTX 76147	12,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)		
Date /	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
5/5/21	Contributor address; City;	State; Zip Code	5,000.00		
	P.O. Bux 737 Kennidal	L 1×14060			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3/3/21	3715 Camp Bruin Forthor	State; Zip Code Hr TX 76107	5,000,00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
5/10/21	Contributor address; City;	State; Zip Code	500, N		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
		3.30			

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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 Sobedule A1:
2 FILER NAME Way Kelly	3 Filer II (Ethics Commission Filers)
5 Full name of contributor out of state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/10/21 The Fighlers Committee State: Zip Code 3855 Tubsa Way TW 7/6/107	10,000.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#) Jan howrance Contributor address; City; State; Zip Code 2008 Frek Claks FW TK 76107	Amount of contribution (\$) 2, 170, 10
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (1D#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME	Uen Gray Kelly		3 Filer ID Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-sta	7 Amount of contribution (\$)				
5/11/21	6 Contributor address; City; 5756 Merry mount 70	State; Zip Code	2,500.10			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date /	Full game of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)			
5/11/21	Debra Thems Contributor address; City; 6/2/hgnabalsTr/ Pu	State; Zip Code) TX 76112	200.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date 5/11/21	Vernell Sturs	ate PAC (ID#:)	Amount of contribution (\$)			
0/11/21	Contributor address; City; 6/2/Highwoods Trl -	AWTK 74112	200.10			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)			
5/13/21	5/13/21 Contributor address: Sity; State; Zip Code 500, 00					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			

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SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.					
The Instruction Guide explains how to complete this form.					
2 FILER NAME Oray Kelly			3 Filer (D) (Ethics Commission Filers)		
4 Date	5 Full name of contributor	oul-of-state PAI	C (ID#:)	7 Amount of contribution (\$)	
5 13 21	6 Contributor jaddress; 6/2 Highwoods	2W7	State; Zip Code K 76112	500.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor	Dout-of-state PAC	C (ID#:)	Amount of contribution (\$)	
5/13/21	Contributer address;	City;	State; Zip Code	250,00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ctions)	
Date /	Fell name of contributor	out-of-plate PAC	C (ID#:)	Amount of contribution (\$)	
Span	Contributor address;	2W 7	State; Zip Code **X*** 74/02	1,000.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor Ben	1.	C (ID#:)	Amount of contribution (\$)	
5/17/21	Contributor address;	City;	State; Zip Code	5,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Ma		-	

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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 Scipedule A1:
2 FILER NAME Clary Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor pac (ID#:	7 Amount of contribution (\$)
5/17/21 6 Contributor address; City; State; Zip Code PD. Box 159 PW TK Hellow	1 2 3 11 3 40
8 Principal occupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date Eull name of contributor / out-of-state PAC (ID#:	Amount of contribution (4)
5/21/21 State; Zip Code 1701 River Run PWTK 76/07	500, N
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor Out-of-state PAC (ID#: State: Zip Code 1/1/2/ To page 1/2/ PAC (ID#: Out-of-state PAC (ID#: Out-of-state PA	Amount of contribution (\$) 5,000
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code 2242 E LOOP 820 PW TX 76/12	250.N
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
	NAME OF THE PROPERTY OF THE PR

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SCHEDULE A1

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

in the requested information is not applicable, bo not include this page in the report.						
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME Caray Kelly			3 Filer ID (Ethics Commission Filers)			
4 Date 5/24/2/	5 Full name of contributor dut-of-state PAC Sume 5 Sadles City; 2442 E LOOP 820 70 7	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)			
Date		(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date		(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	EEDED			

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/Politica Credit Card Payment	counting/Banking Fees Office Overhead/Rental Expense roulling Expense Polling Expense Polling Expense Polling Expense Food/Beverage Expense Polling Expense Polling Expense Polling Expense Polling Expense Travel In District Travel Out of District Other (enter a category not listed above)					
1 Total pages Schedule F1:		// /.	3 Filer ID (Ethics Commission Filers)			
10/17	aller Gray	elly	C The TB (Ethics Commission Theis)			
4 /22/21	5 Payes name	whol				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
160.00	4228 Kill St	700	TK 76119			
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	0			
PURPOSE OF EXPENDITURE	Contract Labor	Phone	Bank			
	(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/Oh	Candidate / Officeholder name H	Office sought	Office held			
Date / 4/22/2/	John Clark					
Amount (\$) /(40.00	Stelle Houghton ac	ve 7W TX	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Phone I	Bank			
	Check if travel outside of Texas. Complete Schedi	lule 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 4/22/21	Carrie Green					
Amount (\$)	Payee address;	City;	State; Zip Code			
160.00	4208 Wilhelm	2W TK	76119			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Phore (Bank			
	Check if travel outside of Texas. Complete Schedu	ule 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 OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

II tilo roquottou iiri	OTTION OTTIO	o not applicable, 20 mg	, morado n	no page in the r		
		EXPENDITURE CAT	EGORIES F	OR 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 Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		The instruction Guide expi	ains now to co	implete this form.		
1 Total pages Schedule F1:	2 FILER N	L'Ulen Day	Kell	, U	3 Filer ID (Ethic	s Commission Filers)
4/22/21	5 Payeena	shy ares	,	/		
6 Amount (\$) /40.00	7 Payee a	Burke Rd	,	PW TX	State; 76116	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categories listed at the top of the Valor Labor	his schedule)	(b) Description Phone	Bank	
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date 4/22/2/	Payee na	van Wel	TON			
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
160.00	4/2	9 Burke Ri	l	9W T	1 76	119
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	s schedule)	Phone (Bank	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 4/22/21	Payee na	ery Davids	ion			
Amount (\$)	Payee ac	ddress		City;	State;	Zip Code
192.00	6901	Windward	(Wa	y PW	TK 76	140
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Phone	Bank	
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held

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SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense L. Fees C. Food/Beverage Expense P. y Gift/Awards/Memorials Expense P.	oan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Balaries/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 h	now to complete this form.	
1 Total ages Schedule F1:	2 FILER NAMES (3) RAGS	Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/21	5 Partie lame	nrel	
6 Amount (\$)	7 Payee address	City;	State; Zip Code
1,000.00	5820 Chimney Woo	ullir 4W i	TX 76112
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	0 11
PURPOSE OF EXPENDITURE	Contract Labor	Phone 1	Bunk
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date 41 24/2/	Payee name Takku msubb	'na	
Amount (\$)	Payee address:	City;	State; Zip Code
4,530,0	5648 De Cory Rd	ZW TX	1 76134
	Category (See Categories listed at the top of this sched	dule) Description	•
PURPOSE OF EXPENDITURE	Consulting Expense	Campaig	n Oversight
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5/1/2/	Ash Clark		
Amount (\$)	Payee address;	City;	State; Zip Code
190.00	5616 Houghton Wi	ve 7W	TK 76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Whome I	Bank
	Check if travel outside of Texas. Complete Sched	ule 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 OF	THIS SCHEDULE AS NEED	DED

SCHEDULE F1

ii tile requested iii	offilation is not ap	plicable, DO NOT	include un	s page in the	report.	
	EX	(PENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	y Gift/Awa	verage Expense rds/Memonals Expense	Office Overhe Polling Exper Printing Expe		Transportati Travel In Di Travel Out (
Stock Gard Laymon	The Ir	struction Guide explain	is how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Gray 1	Kelly	,	3 Filer ID	(Ethics Commission Filers)
4 Date 10 / 2/	5 Payee name	e Craw	Ford			
6 Amount (\$)	7 Payee address;	1 101	U	City;	Sta	ate; Zip Code
180.00	4228 1	eel St		hw 7,	X 74	e119
8 PURPOSE OF EXPENDITURE	(a) Category (See Cat	egories listed at the top of this Habor	schedule)	b) Description When Description	Bas	K
	(c) Check if tra	vel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officehold	der living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Offi	ceholder name		Office sought		Office held
Date 21	Carrie	Green				
190.00	Payee address;	Vilhelm	7u	City;	7611	ate; Zip Code
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this s	chedule)	Description Prope 1	Bank	,
	Checkiftra	vel outside of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officehold	der living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	ceholder name		Office sought		Office held
Date /	Payee name	\wedge				
5/1/21	Dorold	y Caren				
Amount (\$)	Payee address;			City;	Sta	ate; Zip Code
190.00	4133 K	urke Ke	l _	7W	TK	76119
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this so	chedule)	Description	Bank	<u></u>
	Check if trav	rel outside of Texas. Complete So	hedule T.	Check if Aus	tin, TX, officehold	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Offi	ceholder name		Office sought		Office held
	ATTACH A	DDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

SCHEDULE F1

II the requested in	TOTT TOTT TO	not applicable, BO 110	i moidac tri	is page in the r	cport.	
		EXPENDITURE CAT	regories F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense
		7 The instruction during exp	1ams now to co	iipiete tilis toriii.		
1 Total pages Schedule F1:	2 FILER N.	Kengray K	elly		3 Filer ID (Ethi	cs Commission Filers)
4 Date 5/1/2/	5 Payer na	Man Wili	Son			
6 Amount (3)	7 Payee ad	ldress;	7	City;	State;	Zip Code
190.00	412	9 Burke A	ld	2ω	TX	76119
8 PURPOSE OF EXPENDITURE	(a) Category	Vact Labor	this schedule)	(b) Description Phone	, Bank	
	(c)	Check if travel outside of Texas. Complete	te Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
5/1/2/	Payee na	ary David	Son			
Amount (\$) 228. 10	Payee ad	01 Windux	id Wa	ey Pores	State;	Zip Code Zle IHO
PURPOSE OF EXPENDITURE	Category	ract Lakor	is schedule)	Phone	Ban	K
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
5/1/21	Payeejna	ho dex le	KJOZK	l		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
1,000.00	5820	Chimney L	Vord	ircle !	W TX	76112
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of thi	is schedule)	Phone	Bank	,
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS SO	HEDULEASNEE	DED	

SCHEDULE F1

		EXPENDIT	URE CATE	ORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Overhipolling Experinting Experinting Experinting Experies/Wag		Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILET N 5 Payed na	Jen G	Bay K	elly		3 Filer ID (Ethio	cs Commission Filers)
5/1/21	No.	hone &	Short				
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
300.00							
8	(a) Categor	y (See Categories liste	d at the top of this s	chedule)	b) Description		
PURPOSE OF EXPENDITURE	KV	ent KXR	ense		Music		
	(c)	Check if travel outside of	Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
5/2/2/	Payeena	. ///	eke	4.5			
Amount (\$)	Payee ac	ldre s s;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this so Expens	hedule)	Description	l Nedi	ia
		Check if travel outside of	Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	gexpense
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H/30/21	Payee na	evry C	msul	hns			
Amount (\$)	Payee ad	dress:	ory Ke	2	ecity:	State: 7613	Zip Code
PURPOSE OF EXPENDITURE	Category Con Ji	(See Categories listed	at the b p of this sch	nedule)	Description	u Over	oight .
		Check if travel outside of		edule T.		, TX, officeholder living	· · ·
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	пате		Office sought		Office held
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SCHEDULE F1

Ti the requested in	offilation is not applicable, be itel if	iciade tino page in the re	porti
	EXPENDITURE CATEG	ORIES 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	how to complete this form.	
1 Total pages Schedule F1:	2 FILER MANEY	elle	3 Filer ID (Ethics Commission Filers)
4 Date (5/4/2)	5 Payer name	9	
6 Amount (\$)	7 Payee address;	Sity;	State; Zip Code
301.32	1110 and 14 Kas	t arling	iton TK 16011
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE ' OF EXPENDITURE	Printing Expense	e Printer	25
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 5/5/2/	Rayee name		And Annual Col. 18
Amount (\$)	Payee address;	City;	State; Zip Code
454.87			
	Category (See Categories listed at the top of this sch	Description	
PURPOSE OF EXPENDITURE	Printing Expense	- Signes	·
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date /	Payeaname /		
5/6/21	Murphy Nasica	J	
Amount (\$)	Payee add/ess;	City;	State; Zip Code
2,500.00	815- a Brazos	austin,	TK 78701
	Category (See Categories listed at the top of this sch	edule) Description	1011
PURPOSE OF EXPENDITURE	ledvertising Expen	se Digital	Medea
	Check if travel outside of Texas. Complete Scho	edule 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 C	F THIS SCHEDULE AS NEE	DED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains		
1 Total pages Schedule F1:	Men gray, K	elle 3	Filer ID (Ethics Commission Filers)
4 Date 12/2/	5 Paylee name / Marshá	ll'	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,000.00	2817 E 4th 94	7W 1X	76111
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Overhead Expense	e Kent	
	(c) Check if travel outside of Texas. Complete Scr	nedule T. Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date /	Payae name .		
5/2/21	Print Place		
Amount (\$)	Payee address;	City;	State; Zip Code
961.00	1110 Ceve H Kast	arlington	TX 26011
	Category (See Categories listed at the top of this sch	nedule) Description	•
PURPOSE OF EXPENDITURE	Printing Expens	e	
	Check if travel outside of Texas. Complete Sch	edule 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
	Payer tome		
5/7/2/	Kyndull Locke		
Amount (\$)	Payee address:	City;	State; Zip Code
250.00			
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expens	e Digital 1	Uedea
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
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	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Application/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	Wellen Chay Ne	3 Filer ID (Ethics Commission Filers)
4 Dáte/0/ 5/10/2/	5 Paylee name / Suce	1
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1433.20	1110 Cine HKast	alling TK 76011
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description
PURPOSE OF EXPENDITURE	Printing Expense	
	(c) Check if travel outside of Texas. Complete Sche	duleT. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
5/13/21	Carrie areen	
Amount (\$)	Payee address;	City; State; Zip Code
20.0	4208 Wilholm	9W TX 76119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Phone Bank
	Check if travel outside of Texas. Complete Sched	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
5/13/21	Francis Cruwfore	:(
Amount (\$)	Payee address; 4228 Reed St	7W TK Ple119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Phone Bank
	Check if travel outside of Texas. Complete Sched	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

		EXPENDITURE CAT	EGORIES FO	OR BOX 8(a)	A MANAGE RESERVE	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl.	Office Overhe Polling Exper Printing Exper Salaries/Wag	ense ges/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N	len may K	elle		3 Filer ID (Ethi	cs Commission Filers)
4 Date (C)	5 Palleeha	ry Davidson)			
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
240.00	6901	Windward	Way	forest 6	KILTX	76140
8 PURPOSE	(a) Categor	y (See Categories listed at the top of the	nis schedule)	(b) Description	Q 11	
OF EXPENDITURE	Contr	act Labor		Marie 1	Sunk	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	iп, ТХ, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date 5/13/21	Pagee na	n Clark				
Amount (\$)	Payee ad	dress;	1	City;	State;	Zip Code
20.0	5614	: Houghton	lui	e fw	TX 761	07
PURPOSE OF EXPENDITURE	Control	(See Categories listed at the top of this	s schedule)	Phone	Bank	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livîn	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
5/13/21	Payee na	other Care				
Amount (\$) 200.00	Payee ad	Burke Re		City; Tw -	State; 76	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Puru (Bank	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATI	ACH ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEE	DED	
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		EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E. Legal Services The Instruction Guid	Office Ov Polling E opense Printing E Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
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4 Date //3/2/	5 (Payer na	Han W	Son	/		
6 Amglunt (\$)	7 Payee ad	Burke	Rd	ZW	State;	Zip Code 76119
8 PURPOSE OF EXPENDITURE	(a) Category	ract Lab	e top of this schedule)	(b) Description	Bank	? /
	(c)	Check if travel outside of Texas	. Complete Schedule T.	Check if Austi	n, TX, officeholder li	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ite / Officeholder nam	e	Office sought		Office held
5/13/21	Payee far	troplex	Person,	rel		
Amount (\$)	Payee ad	dress	(.)	City;	State;	Zip Code
500.00	0 820	Chinne	y Wood	7W	IX llei	12
PURPOSE OF EXPENDITURE	Category	act Lavo	top of this schedule)	Phone &	Bunk	
		Check if travel outside of Texas	Complete Schedule T.	Check if Austi	n, TX, officeholder li	ing expense
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder nam	Э	Office sought		Office held
Date 5/14/21	Payee na	I Place				
Amount (\$)	Payee ad	dress:		City;	State;	Zip Code
1049.88	1011	are HK	ast C	rlington	. TX:	76011
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description		
		Check if travel outside of Texas	Complete Schedule T.	Check if Austin	n, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder nan	ne	Office sought		Office held

		EXPENDITURE CA	ATEGORIES I	FOR BOX 8(a)		
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1 Total pages Schedule F1:	2 FILER VAI	En Spant	Kelly		3 Filer ID (Eth	ics Commission Filers)
4 Date ///	5 Playee name					
6 Amount (\$)	Payee addre	ers;		City;	State;	Zip Code
500.00						
8 PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top King Expe	of this schedule)	(b) Description	l Med	1.
The same of the sa	(c) Che	eck if travel outside of Texas. Comp	plete Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF	4	/ Officeholder name		Office sought		Office held
5/15/21	Payee name	rry Consu	lting			
1532,53	Payee addre	8 De Cory	Rd	-2ω 7	State; TK 1613	Zip Code
PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of	f this schedule)	Description Campaign	. Ores	sht
	Che	eck if travel outside of Texas. Comp	olete Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
5/18/21	Payee name	Place				
Amourk (\$) 2582.41	Payee addre	Que HEa	st (aling for	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (Se	ting Expension	f this schedule)	Description		
	Che	eck if travel outside of Texas. Comp	olete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)
1 Total pages Schedule F1:	(delen May)	Kelly 3	Filer ID (Ethics Commission Filers)
4 Date 0 2 5 18 2	5 Payer name / Luce	7	
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
2582.41	1011 Cive H Kast	arlengton 1	L 76011
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Mining Expens	e	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
5/22/21	Payee name Print Place		
Amount (\$)	Payee address:	a City;	State; Zip Code
1432.53	1011 and 14 Past	ar lington 1	TX 76011
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE 'OF EXPENDITURE	Menting Expens	-	
	Check if travel outside of Texas. Complete S	chedule 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
Date 5/22/21	Blue Buse Can	rup	
Amount (\$)	Payee address;	City;	State; Zip Code
15/6.20			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas. Complete S	chedule 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	OF THIS SCHEDULE AS NEEDEI)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related 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. Schedule F1: 2 FILER NA 3 Filer ID (Ethics Commission Filers) Dat City; Zip Code (a) Category jories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (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 Dat City; State; Zip Code Payee address; 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 Date Zip Code City; State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	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)
1 Total pages Schedule F1:	2 FILER NAME GRAY, KY	1.	3 Filer ID (Ethics Commission Filers)
4 Date / 2/	5 Payde name		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
2482.41	1011 line HEAST	arlington 1	K 76011
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Menting Expens	e	
	(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/Oh	Candidate / Officeholder name H	Office sought	Office held
Date /	Payee name		
5/21/21	Carrie Carelal		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	4208 Wilhelm	7WTX 2	16119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this contract Lavor	Description Phone 19	ank
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date /	Payee name	/ /2	
5/21/21	Francis Crau	Sford	
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	4228 Kesil St	7W 7K	26/19
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Description Public A	Buk
	Check if travel outside of Texas. Complete S	chedule 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 NEED	DED
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EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir al Committee Legal Services Sal	an Repayment/Reimbursement fice Overhead/Rental Expense Iling Expense nting Expense aries/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:	2 FILER NAME GRAN Kell	lez	3 Filer ID (Ethics Commission Filers)
5 21 21	Mary puidson		
5 Amount (\$) 240, M	6901 Windward W	buy 2W 7	State; Zip Code X 76/40
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	ule) Lane (Bank
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
5/21/21	Dowthy Caren		
200.00	4133 Burke Rd	2W	State; Zip Code [K 76119
PURPOSE OF EXPENDITURE	Category, (See Categories listed at the top of this schedul	Phone t	Baik
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
5/21/21	John Clark		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	5401 Houghton	PW TX	76107
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedul	Phone B	ank
	Check if travel outside of Texas, Complete Schedule		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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense 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. pages Schedule F1: 2 FILER NA 3 Filer ID (Ethics Commission Filers) City; Zip Code sted at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE (c) 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 Date State: Zip Code Description 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 Payee name Date Amount (\$) Payee address; City; State: 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED