CANDIDA CA M PAIG	TE / OFFICEHOLD N FINANCE REPO	PERFICIAL RECEIVED RE	L61.5.9	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide explains how to complete thi	s form. (Ethics Co	JNT# mmission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MBS/MR FIRST KULL NICKNAME LIST G	y Yay	MI SUFFIX	Date RECEIVED TO APR 30 2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS IPOBOX: APTISUITE#, 2820 Galvet Ave Tuyas 76111	erue, H. Wo		Dale (gand-delivered of Rostmarked Receipt # 9 9 Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/7) 688-9586	EXTEN / ?	SION	Dale Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR PAGES NICKNAME LAST AULI	.W	Mi 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE): 2707 Enrics Ave H. Worth, Trexas		STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 999 - 7887	EXTEN:	SION		
9 REPORT TYPE	July 15 30th day before		ff ded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 3 /31 /15	THROUGH #	onth Day 129 /	Year 15	
11 ELECTION	Morth Day Year P	ONTYPE rimary Runoff		Seneral Special	
12 OFFICE	Fort Worth City (District 8	Λ 1	ESOUGHT (ffknown)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

•				
14 C/OH NAME	Lay 1	Kelly	15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I	E WITHOUT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR
·	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	÷ .	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LES S, LOANS, OR GUARANTEES OF LOANS), I		\$ 100.00
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	\$ 8,950.10
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LES	S, UNLESS ITEMIZED	\$ 2,022.83
	4. TOTAL	POLITICAL EXPENDITURES		\$6,948.88
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS DRTING PERIOD	OF THE LAST DAY	\$15,687.01
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING Y OF THE REPORTING PERIOD	LOANS AS OF THE	\$
18 AFFIDAVIT				
Not	ALLISON KAY TIDWE ory Public, State of by Commission Expi October 09, 2017	is true and correct me under title 15, LL lexas es	and includes all informa	or, that the accompanying report ation required to be reported by Officeholder
AFFIX NOTARY STAM		me by the said Kellu A	Den Goo	1.4
Sworn to and subs	of April	1	ch, witness my har	this the
All war	advell	Allison Tidu	sel)	Notary
Signature of officer admir	nistering oath	Printed name of officer administering	oath Titl	le of officer administering oath

Texas Ethics Comm	nission	P.O. Box 12070	Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989	
	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS schedule A						
			OK LOA			1	
The In	nstruction Gu	ide explains ho	w to complete thi	s form.	1 Total Pages/Sch	edule A:	
2 FILER NAME	a Gran	Kelly			3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name	Franklibutor	out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/6/15	Contributor By	address; City	; State; Zip Code		500.00		
0.5:	fort W	orthe 1/C	76185	10 Employer (See		of Texas, complete Schedule T)	
9 Principal occupat	tion / Job title	(See Instructions		10 Employer (See	instructions)		
Date 1	1	feentributor AUI 5 atdress; City	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	5501 E PortW	rtassore	(1)r. 76/34		300.00	f Texas, complete Schedule T)	
Principal occupat	tion / Job title	(See Instructions)	Employer (See		, , , , , , , , , , , , , , , , , , , ,	
Date	Bell 14	cucupler	out-of-state PAC (ID#:_)AC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/4/15 p	DEN DELLO	482	; State; Zip Code [<i>[[]</i>		300. D		
Principal occupat	tion / Job title			Employer (See		f Texas, complete Schedule T)	
H/10/15	Foll name of Contributor	f contributor address; City	out-of-state PAC (1)#_ V		Amount of contribution (\$)	In-kind contribution description (if applicable)	
.,,,,,,	4305 N	Lacurt	rur Wer. 75209	we	500.N		
Principal occupat	tion / Job title (See Instructions	7027	Employer (See		Texas, complete Schedule T)	
Date	Midgae	Contributor (out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/10/15	1305 /1 Dillas	Lacur-tri	State; Zip Code Ur Wenu 209	e	500.00		
Principal occupati	ion / Job title (See Instructions)		Employer (See		Texas, complete Schedule T)	
If con				F THIS SCHEDULE		equirements.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages schedule A:
2 FILER NAME Cray Kully	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Fell name of Contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4/15/15 6 Cantributor address; City; State: Zip Code 5633 Granada Drive Fortworth, TX 76119	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	
Date Full name of contributor (1) out-of-state PAC (ID#) Charlie + Stephanie Spann	Amount of In-kind contribution contribution (\$) description (if applicable)
4/15/15 35/5 Sycamore School Road #148 H. Worth, TX 76/33	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
HILLIS Contributor address; City; State; Zip Code 301 Commence St. Ste 3200 FortWorth, TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Rasuy 5. Pipes	Amount of In-kind contribution contribution (\$) description (if applicable)
3700 Country Club Circle John 10 TV 7/0/19	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) instructions)
Date Full name of contributor out-of-state PAC (ID#:) Lucille Gilkey Contributor address; Gity; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
4/20/15 P.O. Bex 163127 Fort World, Tueyas 76/61	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	estructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	1

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	5	SCHEDULE A
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2 FILER NAME Gray, Kelly	3 ACCOUNT HE	thics Commission Filers)
4 Date 5 Full name of contributor _out-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
H24/5 Contributor Address; City, State; Zip Code	1,000.00	 -
Fort Worth, 12 14102	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 1	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
H24/15 Gontributor address; City; State, Zip Code 4332 Warwick Hills Dr.	200.00	
Principal occupation / Job title (See Instructions)	(If travel outside o	of Texas, complete Schedule T)
Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Fort Worth, TX 76/02	j	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor cut-of-state PAC (ID#:		In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)	(If travel outside o	f Texas, complete Schedule T)
Dayle Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	2,500.10	
Principal occupation / Job title (See Instructions)	(If travel outside of Employer (See Instructions)	Texas, complete Schedule T)
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P.O. Box 12070

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2 FILER NAME	n Gran Kelly		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Fill name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/28/15	Gontributor address; City, State; Zig Code 901 Fort Worth Club Blog 11. 71. 11.11)		250.00	!
	7W, 1 K 161000		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/15	Contributor adgress; City, Sfate) Zip Code 1208 W. Magnolia Uve., Ske	212	500.10	
	TW, 1/2 16107			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		i i (If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See II		
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

P.O. Box 12070

SCHEDULE F

	EYDENDITIES	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
	The Instruction Guid	le explains how to	complete this to		
1 Total pages Schedule F:	2 FIXER MAME	Kelly		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 15	5 Palyee/name				
6 Amount (\$)	Payee address, City: S	tete; Zip Code			
160.10	7W, TK 76/07		a		Obel (T)
8 PURPOSE OF EXPENDITURE	(a) Catégory (See categories listed at the to	op or this schedule)	Phone	ustin, TX, officeholder	s, complete Schedule T) White Complete Schedule T) Ilving expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	е	Office sough	nt	Office held
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Andount (\$) P/60.10	Jayee address, // City; S JUS Wilhe In	State; Zip Code			
PURPOSE OF EXPENDITURE	Contract Labor	op of this schedule)	Thore	(If travel outside of Texa	s, complete Schedule T) The schedule T The schedule T
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Date 4/1/15	Payee name (raw)	ford			
Ambunt (\$)	Payee address; City; s 4228 Keld St. 9W, TK 76119	tate; Zip Code			
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Date 4/1/15	Prothy wry				
Anfough (\$)	Payee address; Sty. S 4133 Burke Road 21) TV 7/110	state; Zip Code			

Category (See categories listed at the top of this schedule)

Check if Austin, TX, officeholder living expense

PURPOSE

EXPENDITURE

P.O. Box 12070

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		an Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundrais		nsportation Equipment & Relate	
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Distri		Candidate/Officeholder/Politica	
Fees	Printing Expense	Office Overhead/Re	•	HER (enter a category not liste	d above)
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1 Total pages Schedule F:	2 FILER NAME	/11		3 ACCOUNT # (Ethics Comm	nission Filers)
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4 Date	5 Payée name	<i>'</i>			
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6 Annount (\$)	7 Payee address; / City; Şta	ate: Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (ILLE	avel outside of Texas, complete Sched	lule T)
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P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
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Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	ons Made By older/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist			
Fees	Printing Expense	Office Overhead/R	tental Expense	OTHER (enter a cate	gory not listed above)
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	10 == ===	/	·	2 ACCOUNT #	(Ethios Commission Filose)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
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P.O. Box 12070

	EXPENDITURE (
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Event Expense	· · · · · · · · · · · · · · · · · · ·	Travel Out Of Dist			holder/Political Committee
Fees	• .	Office Overhead/R	-	-	egory not listed above)
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1 Total pages/Schedule F:	2 FILER NAME	1,		3 ACCOUNT #	(Ethics Commission Filers)
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4 Date	5 Payee name	111/	15/1	1////	
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6 Amount (\$)	7 Payee address; / , City;, State	e; Zip Code	L = - (00 0		
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P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	ontract Labor	Loan Repayment/Re	
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense		oment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat	
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4/13/13	Carrie Green				
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EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co							
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Equipment & Related Exp					
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Do	nations Made By iceholder/Political Committee				
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The Instruction Guide explains how to complete this form.									
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

Austin, Texas 78711-2070

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SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense	Gift/Awards/Memorials Expense	ntract Labor	Loan Repayment/Rei						
Accounting/Banking	Legal Services	Solicitation/Fundrai ense Travel In District			ment & Related Expense				
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Fees		Office Overhead/R	ental Expense	OTHER (enter a cate	gory not listed above)				
The Instruction Guide explains how to complete this form.									
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8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									