

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mrs. Kelly  
NICKNAME LAST SUFFIX  
Allen Gray

OFFICE USE ONLY

Date Received

RECEIVED  
APR 30 2015  
CITY OF FORT WORTH  
CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # 29

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2820 Galvez Avenue, Ft. Worth  
Texas 76111

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 688-9586

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Ms. Phyllis W.  
NICKNAME LAST SUFFIX  
Allen

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2707 Ennis Avenue  
Ft. Worth, Texas 76111

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 999-7887

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year  
3 13 15 THROUGH 4 12 15

11 ELECTION

ELECTION DATE Year  
Month Day Year  
5 19 15

ELECTION TYPE  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Fort Worth City Council  
District 8

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Allen Gray Kelly*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,950.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2,022.83
4. TOTAL POLITICAL EXPENDITURES	\$ 6,948.88
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,687.01
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

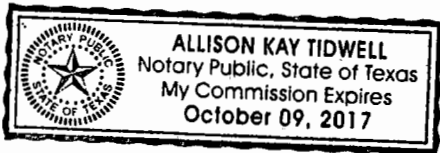
EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

18 AFFIDAVIT

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



*Allen Gray*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 30th day of April, 2015, to certify which, witness my hand and seal of office.

*Allison Tidwell*  
Signature of officer administering oath

Allison Tidwell  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: *1 of 4*

2 FILER NAME

*Allen Gray Kelly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4/6/15*

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

*Betsy Price Campaign*

6 Contributor address; City; State; Zip Code

*P.O. Box 100066  
Fort Worth, TX 76185*

7 Amount of contribution (\$)

*500.00*

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/6/15*

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

*Moses Davis*

Contributor address; City; State; Zip Code

*5501 Stafford Dr.  
Fort Worth, TX 76134*

Amount of contribution (\$)

*300.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/6/15*

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

*Bell Helicopter Textron PAC*

Contributor address; City; State; Zip Code

*P.O. Box 482  
Fort Worth, TX 76101*

Amount of contribution (\$)

*300.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/15*

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

*Richard A. Gray, Jr.*

Contributor address; City; State; Zip Code

*4305 MacArthur Avenue  
Dallas, Texas 75209*

Amount of contribution (\$)

*500.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/10/15*

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

*Michael L. Carter*

Contributor address; City; State; Zip Code

*4305 MacArthur Avenue  
Dallas, TX 75209*

Amount of contribution (\$)

*500.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: *2 of 4*

2 FILER NAME

*Allen Gray Kelly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4/15/15*

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

*Roger D. Woodard*

6 Contributor address; City; State; Zip Code

*5633 Granada Drive  
Fort Worth, TX 76119*

7 Amount of contribution (\$)

*100.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/15/15*

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

*Charlie + Stephanie Sparr*

Contributor address; City; State; Zip Code

*3575 Sycamore School Road #148  
Ft. Worth, TX 76133*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/16/15*

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

*Q PAC*

Contributor address; City; State; Zip Code

*301 Commerce St. Ste 3200  
Fort Worth, TX 76102*

Amount of contribution (\$)

*750.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/20/15*

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

*Kasuy S. Pipes*

Contributor address; City; State; Zip Code

*3700 Country Club Circle  
Fort Worth, TX 76109*

Amount of contribution (\$)

*250.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/20/15*

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

*Lucille Gilkey*

Contributor address; City; State; Zip Code

*P.O. Box 163127  
Fort Worth, Texas 76161*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>3 of 4</i>	
2 FILER NAME: <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <i>4/20/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Greater Ft. Worth Assoc. of Realtors PAC</i> Contributor address; City; State; Zip Code <i>2650 Parkview Drive Fort Worth, TX 76102</i>	7 Amount of contribution (\$): <i>1,000.00</i>	8 In-kind contribution description (if applicable):
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: <i>4/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wynness B. Ware</i> Contributor address; City; State; Zip Code <i>6332 Warwick Mills Dr. Fort Worth, TX 76132</i>	Amount of contribution (\$): <i>200.00</i>	In-kind contribution description (if applicable):
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <i>4/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Greater Ft. Worth Real Estate PAC</i> Contributor address; City; State; Zip Code <i>301 Commerce St., Ste 2400 Fort Worth, TX 76102</i>	Amount of contribution (\$): <i>500.00</i>	In-kind contribution description (if applicable):
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <i>4/27/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Conservative Values Forum</i> Contributor address; City; State; Zip Code <i>1144 Terrace Trail Hurst, TX 76053</i>	Amount of contribution (\$): <i>500.00</i>	In-kind contribution description (if applicable):
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <i>4/27/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan E. Lawrence</i> Contributor address; City; State; Zip Code <i>2008 Four Oaks Lane Fort Worth, TX 76107</i>	Amount of contribution (\$): <i>2,500.00</i>	In-kind contribution description (if applicable):
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: *4 of 4*

2 FILER NAME

*Allen Gray Kelly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4/28/15*

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

*James W. Schell*  
Contributor address; City; State; Zip Code  
*901 Fort Worth Club Bldg  
FW, TX 76102*

7 Amount of contribution (\$)

*250.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*4/29/15*

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

*Francis McCarthy*  
Contributor address; City; State; Zip Code  
*1208 W. Magnolia Ave., Ste 212  
FW, TX 76104*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 7</i>	2 FILER NAME <i>Allen Gray Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/1/15</i>	5 Payee name <i>John Clark</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>160.00</i>	Payee address, City, State, Zip Code <i>5616 Houghton Ave FW, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/1/15</i>	Payee name <i>Carrie Green</i>
-----------------------	-----------------------------------

Amount (\$) <i>\$160.00</i>	Payee address, City, State, Zip Code <i>4208 Wilhelm FW, TX 76119</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/1/15</i>	Payee name <i>Francis Crawford</i>
-----------------------	---------------------------------------

Amount (\$) <i>160.00</i>	Payee address, City, State, Zip Code <i>4228 Reed St. FW, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/1/15</i>	Payee name <i>Dorothy Carey</i>
-----------------------	------------------------------------

Amount (\$) <i>160.00</i>	Payee address, City, State, Zip Code <i>4133 Burke Road FW, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>2 of 7</i>	<b>2</b> FILER NAME <i>Allen Gray, Kelly</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4/1/15</i>	<b>5</b> Payee name <i>Mary L. Davidson</i>	
<b>6</b> Amount (\$) <i>200.00</i>	<b>7</b> Payee address: City: State: Zip Code <i>6901 Windward Way Forest Hill, TX 76140</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		
Date <i>4/9/15</i>	Payee name <i>Carrie Green</i>	
Amount (\$) <i>160.00</i>	Payee address: City: State: Zip Code <i>4208 Wilhelm Fw, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		
Date <i>4/9/15</i>	Payee name <i>Dorothy Carey</i>	
Amount (\$) <i>160.00</i>	Payee address: City: State: Zip Code <i>4133 Burke Rd Fw, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		
Date <i>4/9/15</i>	Payee name <i>Francis Crawford</i>	
Amount (\$) <i>160.00</i>	Payee address: City: State: Zip Code <i>4228 Reed St. Fw, TX 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3 of 17</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/9/15</i>	5 Payee name <i>John Clark</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>160.00</i>	7 Payee address, City, State, Zip Code <i>Stella Houghton 74, TX 76107</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/9/15</i>	Payee name <i>Mary Davidson</i>
-----------------------	------------------------------------

Amount (\$) <i>160.00</i>	Payee address, City, State, Zip Code <i>6901 Windward Way Forest Hill, TX 76140</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/9/15</i>	Payee name <i>El Rancho Grande</i>
-----------------------	---------------------------------------

Amount (\$) <i>103.00</i>	Payee address, City, State, Zip Code <i>1400 N Main St. 74, TX 76106</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch for Phone Bank</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4/2/15</i>	Payee name <i>Daddy Jack's</i>
-----------------------	-----------------------------------

Amount (\$) <i>102.07</i>	Payee address, City, State, Zip Code <i>353 Throckmorton St. 74, TX 76102</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Dinner</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F: 4/18/17	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/10/15	5 Payee name Historic I.M. Terrell High School - Ft. Worth
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1050 Humboldt St. East Ft. Worth, TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift	(b) Description (If travel outside of Texas, complete Schedule T) Booklet Ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Alpha Theta Sigma
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Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. Box 634 Ft. Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift	Description (If travel outside of Texas, complete Schedule T) Ad for Souvenir Booklet <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/15	Payee name Metro Mailer
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Amount (\$) 1,358.66	Payee address; City; State; Zip Code 5719 E. Rosedale St., Ste 809 Ft. Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Mailer <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/15	Payee name Dorothy Carey
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4133 Burke Road Ft. Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3 of 7</i>	2 FILER NAME <i>Allen Gray Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/15/15</i>	5 Payee name <i>John Clark</i>
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6 Amount (\$) <i>160.00</i>	7 Payee address: City: State: Zip Code <i>5616 Loughmoe Ave FW, TX 76107</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/15</i>	Payee name <i>Mary L. Davidson</i>
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Amount (\$) <i>200.00</i>	Payee address: City: State: Zip Code <i>6901 Windward Way Forest Hill, TX 76140</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/15</i>	Payee name <i>Francis Crawford</i>
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Amount (\$) <i>160.00</i>	Payee address: City: State: Zip Code <i>4228 Reed St. FW, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/15</i>	Payee name <i>Carrie Green</i>
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Amount (\$) <i>160.00</i>	Payee address: City: State: Zip Code <i>4208 Wilhelm FW, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>Page 7</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/19/15</i>	5 Payee name <i>Walmart</i>
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6 Amount (\$) <i>112.32</i>	7 Payee address; City; State; Zip Code <i>3851 Airport Freeway FW, TX 76111</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Snacks for Phone Bank</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/15</i>	Payee name <i>John Clark</i>
------------------------	---------------------------------

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>5616 Houghton Ave FW, TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/15</i>	Payee name <i>Carrie Green</i>
------------------------	-----------------------------------

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4208 Wilhelm FW, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/15</i>	Payee name <i>Mary Davidson</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>6901 Windward Way West Hill, TX 76140</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

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# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 17</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/22/15</i>	5 Payee name <i>Dorothy Carey</i>
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6 Amount (\$) <i>160.00</i>	7 Payee address; City; State; Zip Code <i>4133 Burke Rd 9w, TX 76119</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/15</i>	Payee name <i>Francis Crawford</i>
------------------------	---------------------------------------

Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St. 9w, TX 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/24/15</i>	Payee name <i>Broderick Archie</i>
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Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 25171 9w, TX 76124</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>DB Services</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED