The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	17
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST W/S NICKNAME AUCH Gray	MI 	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX: APT / SUITE#: SCITY: 2820 Galvez and Fort Worth, Tx 76/11	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/7) 688-9586	EXTENSION	Date Processed 7 0 5 7 6
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS NICKNAME LAST ULL ULL MS/MRS/MR MS/MS/MS MS/MS/	w. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, 2707 Enris Avenue Fort Worth, TX 76111	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 999-7887	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 /31 /	
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	District Of	13 OFFICE SOUGHT (if known)	
	GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH

SUPPORT	& IOIAL		COVER SHEET PG 2	
14 C/OH NAME	llen Gi	ay, Kelly	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'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 LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,495.10	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 238.83			
	4. TOTAL POLITICAL EXPENDITURES \$ 3544,83			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 7597.35			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report				
5 å 25 å M	orma Jean Marshall y Commission Expires 2/11/2016	is true and correct and includes all me under Title 15, Election Code.	information required to be reported by	
AFFIX NOTARY STAMI Sworn to gri d subs		ne, by the said Hells Al	ON TRAY this the	
$\frac{1}{m} \frac{1}{m} \frac{1}$	of Jan	, 20, to certify which, witness m	· /	
Signature of officer admir	NSHALL nistering oath	MURAA J. MARShAI Printed name of officer administering oath	NOTA EU Title of officer administering oath	
			/	

POLITICAL CONTRIBUTIONS						
OTHER	OTHER THAN PLEDGES OR LOANS					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)		
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
1/18/12	6 Contributor address; City; State; Zip Code 904 Collium ST.	. 	3,00.0			
9 Principal occu	got Coller St. Fort Worth, Texas 76	10 Employer (See	<u> </u>	of Texas, complete Schedule T)		
O Trinoipai ocou	patient, see the (eee mandelone)	10 Employer (occ				
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
7/14/12	Bruce D. Ditcher Contributor address; City; State; Zip Code 5103 National Ct.	100.00	 			
	Arlington, Tx 76017		(If traval outpide 4	of Toyon, complete Schodule T		
Principal occupation / Job title (See Instructions) Employer (See I				of Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
7/16/12 10n ya Veasey Contributor address; dity; State; Zip Code P. D. Box 11296			100.00			
	Fort Worth, Texas 7611	D	(If travel outside of	of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Inst						
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
7/16/12 Gwinda Burns Contributor address: City, State: Zip Code P. O. Box 8704 Fort Worth, Texas 76124			250.00			
Fort Writh, (exas 16124 (If travel outside of Texas, complete Schedule T)						
Principal occu	pation / Job title (See Instructions)	Employer (See I		, ionac, complete concease ()		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
7/16/12	Contributor address; City; State; Zip Code		250.00			
	Savier Lucio Contributor address; City, State, Zip Code 2749 Willing Ave Fort Worth, Texas 76147	C		of Texas, complete Schedule T)		
	pation / Job title (See Instructions)	Employer (See II		Simple Concidence 17		
If c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			requirements.		

Texas Ethics Con	nmission P.O. Box 12070 Austin,	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A					
The	Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:	
2 FILER NAME	en Gray, Kelly		3 AOCOUNT# (E	thics Commission Filers)	
4 Date 7/16/12	5 Full name of contributor Out-of-state PAC(ID)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	Chesapeake Energy to contributor address; city; state, zip con 815 Brazos St., Ste # A	de 106	250.00	 	
	103111, 1exas 10101		(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
7/16/12	Perdue Brandon, Fielder Contributor address; City; State; Zip Con P. D. Box 13430	LLP I	contribution (\$)	description (if applicable)	
1. 1	P.O. Box 13430 Arlington, Texas 76094	,	250.00		
Horlington, Texas 16097			(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
7/16/12	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description (if applicable)	
ηιωρίζ	David Crawford contributor address; city: State; zip Coo 6700 Dak Hill Drive Fort Worth, Texas 7613		250.00		
	Port Worth, texas to	<u>ي</u> م	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date 7/16/12	Full name of contributor out-of-state PAC (ID) Carle la Voge! Contributor address. City; State; Zip Coo		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11.41.2	1901 Old Gate Road Fort Worth, Texas 74108		100.00 1		
				f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
7/16/12	Full name of contributor out-of-state PAC (IDA) Chery D Cobb Contributor address; City: State; Zip Cod 2118 Nector Drive		Amount of contribution (\$)	In-kind contribution description (if applicable)	
,,,-,,.~	2118 Nectar Drive Mesquir Texas 75149		100.00 1		
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)	
· moper occup		Employer (See II	154 4646/13 <i>)</i>		
15 0	ATTACH ADDITIONAL COPIES			aguiraments.	

Texas Ethics Co	mmission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	ICAL CONTRIBUTION R THAN PLEDGES O	·	,	SCHEDULE A
Th	e Instruction Guide explains how to	complete this form.	1 Total pages Sched	ule A:
2 FILER NAMI	alkenGray Kelly		3 ACCOUNT # (Ethic	cs Commission Filers)
4 Date	5 Full name of contributor	of-state PAC (ID#:	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
8/6/12	1/6/12 Franklin Moss 6 Contributor address; City; State; Zip Code 5625 Eisenhower Drive Fort Worth, Texas 76/12			Francisco Catalata To
9 Principal occi	upation / Job title (See Instructions)		(See Instructions)	Texas, complete Schedule T)
Date		of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
1912/12	Freese & Nicholo Contributor address; Gity: Star 4055 International Forthinth, Texas	1 Haza Ste. 200 710109	250.00	
Principal occu	upation / Job title (See Instructions)		(If travel outside of To See Instructions)	exas, complete Schedule T)
Date		of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
1912/12	Cantly + Hangar Contributor address: City: State 600 West Leth Stre	e; Zip Code et 54 300	500.00	
	Fort Worth, Texas	· · · · · · · · · · · · · · · · · · ·		exas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	full name of contributor out-	of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
1925/12	Cartela Vogel Cartela Vogel Contributor address: City: State Gold Old Grak Kond Fort Worth, Texas	e: zip Code 1 76108	100.00	
Principal occu	pation / Job title (See Instructions)	Employer ((If travel outside of Te See Instructions)	exas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITIC	AL CO	ONTRIBUT	IONS	3
OTHER	THAN	PLEDGES	OR	LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
			4/5	
2 FILER NAME	llen Gray, Kelly		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
10/25/12			contribution (\$)	description (if applicable)
10/20/12	Kenneth Barr 6 Contributor address; City; State; Zip Code 3/01 Avondale Avenue		150.00	'
	Fort Worth, Texas 76109		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	1	
Date	Full name of contributor out-of-state PAC (ID#_Greater FW Real Estate Coun	cal PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/12	1 1301 001111 18708 31. 346.2 100			
	Fort Worth, Texas 76102		/If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I				il lexas, complete ouredure i/
-				
Date	Full name of contributor out-of-state PAC (ID#_ Halff Assoc. State PA	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/12	Halff Assic. State PA Contributor address; City; State; Zip Code 4000 Fossil Creek Blvd		500.00	
	Fort Worth, Texas 76137		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		il lexas, complete scriedule 1)
Date	Fyll name of contributor	(Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
11/25/12	Thomas Wrecker Service Contributor address; City; State; Zip Code P. O. Box 14959	دا		
10/20112	P1 Rxv 14959		325.00	
	Haltom City, Texas 7611	7	ا ن ۱، دیکان	
			(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/25/12	Lineburger Goggan, Blair contributor address; City! State: Zip Code! 100 Throckmorton, Ste 30	LLP	contribution (\$)	description (if applicable)
المالم	100 Throckmonton, Ste 30	O	250 00 1	
	Fort Worth, TX 76102		(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Con	exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070					(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A						
The	Instruction G	uide explains how t	o complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	len Gra	y, Kelly of contributor o			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name	Inverice the	out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/5/12		lest The Sha lonth, Texas			500.N	
	<u> </u>		3 1610Z		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job titl	e (See Instructions)		10 Employer (See	Instructions)	
Date		channels channels or address; City; S inmit Area	out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1912	101 Su	inmit Aven with Texas	ue, Sk 2	208	\$ 22.56	Fundraiser Expulses
	1224 NR	Hh, lexas	16102		(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title	e (See Instructions)		Employer (See	Instructions)	
Date	Full name Contribute	of contributor of Gavras or address; City; s	out-of-state PAC (ID# State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
~ [reo].~	1301 11 Fort We	hrockmorts who, Texas	~ , 76102		257). (1)	of Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See	Instructions)	
Date			ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title	e (See Instructions)		Employer (See	·	f Texas, complete Schedule T)
		(200 ,,				
Date	Full name	of contributor 0	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributo	raddress; City: Si	tate; Zip Code		 (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See I		
lf c	ontributor is	ATTACH ADDITION		F THIS SCHEDULE uction guide foradd		equirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salar	ries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking		itation/Fundraising Expense	Transportation Equipment & Related Expense	
Consulting Expense	- '	el In District	Contributions/Donations Made By	
Event Expense Fees	- ·	el Out Of District e Overhead/Rental Expense	Candidate/Officeholder/Political Committee	
7 663	- ·	ins how to complete this fo	OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FICER NAME /		3 ACCOUNT # (Ethics Commission Filers)	
1/10)	Illen Draw Kel	ll,,	3 ACCOOK! # (Eurics Commission Filers)	
4 Date	5 Payee name	<u> </u>		
7/2/12	Office Depot	1		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code		
96.27	401 Carroll St. For	of Worth, Tx	76107	
8 PURPOSE	(a) Category (See categories listed at the top of this s	schedule) (b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	EVENT EXPENSE	Distin	a Supolies	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	office held	
expenditure to benefit C/C	ОН	55 55ag.1	. Once her	
Date	Payee name 🔼 1			
7/9/12	Party (ity			
Amount (\$)	Payee addless; City; State; 2	Zip Code		
700	1272 W/ LD-1	\bigcirc	1 == 71 =	
35.91	1323 West Apeli	ne Kd, Mursi	F, 1X 16053	
PURPOSE	Category (See categories listed at the top of this s		(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Event	Supplies	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		
expenditure to benefit C/O	oH			
Date	Payee name			
79/12	Metropos			
Amount (\$)	Payee address; City; State; Z	io Code		
			- · · · · · · · · · · · · · · · · · · ·	
140.00	3031 S. Freeway, 1	ort worth, 1	exas 16104	
PURPOSE	Category (See categories listed at the top of this so	thedule) Description (If travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Office Overhead Rest=	11 Exp. Phone Se	ervice for Phone Bank	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Rayee name			
7/11/12	Samis One Dollar			
Amount (\$)	Payee address; City; State; Zi	p Code		
1177	3149 Deviton Huse	1 .	Take 7/01/7	
11. (\	4	isa ion uty.	Texas 76117	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description (I	If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Event	Supplies	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense	
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)	
4	The Instruction Guide	explains how to complete this fo		
1 Total pages Schedule F:	2 FILER NAME	///	3 ACCOUNT # (Ethics Commission Filers)	
410	Ullen Gray Ne	14		
4 Date/ 7/12/12	5 Rayee name			
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		
83.44	413 Paradise Str	eet, Fort Worth,	TX 7614	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	EVent Expense	4.) ' /	sement for Event Supplie	
	Candidate / Officeholder name			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sough	office held	
7/13/12	Carry Holbert	_		
Amount (\$)		te; Zip Code		
(00.D	1437 Roma Lane	, Fort Worth, Tx -	16134	
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	Affiravel putside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	F 1/2	Calerer Expense	
	L	PU04/13		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held	
Date	,Payee name			
7112112	Albertsms			
Amount (\$)	Payee address; City; State	e; Zip Code		
3480		Fort World, 7	× 76112	
PURPOSE	Category (See categories listed at the top o	f this schedule) Description	(If travel outside of Texas, complete Schedule T)	
OF EVDENDED DE	10 EV	P A	F	
EXPENDITURE	170x1/13eVerage LX	pense trood to	r huntraiser	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name `- H	Office sought	Office held	
Date	Payee name I			
7/12/12	Albertsons			
Amount (\$)		e; Zip Code		
17147	850 E Loop 820	, Fort Worth, TX	-76112	
PURPOSE	Category (See categories listed at the top of	this schedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food/Beverage E	xpense Foodfo	- Fundraise-	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	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 fo			
1 Total pages Schedule F:	2 FILER NAME				
1 total pages ocheddie i :		//	3 ACCOUNT # (Ethics Commission Filers)		
3//0 /	Ullen Gray 181	\mathcal{U}			
4 Date	5 Payee name				
7/19/10		1			
111412	MIDENTOINS				
6 Amfount/(\$) /	7 Payee address; City; Stat				
dal	1850 E. LOOP 820,	Fort Worth, Texa	"ارمار"		
X 24	1000 21-001	restriction legic	C WID		
0.~1	'				
	(a) Catagon, (See asteroide listed at the Asset	100 000			
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Food Beverage EX	DUNGE KOON TO	Fundraiser		
LAI ENDITORE	1 voc poeurage pr	posse Touris	Tupo aser		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held		
expenditure to benefit C/C	OH				
Date / /	Payyee name /	1 1 1:			
7//2//2	Motor play Jerica	o Woldina			
1/12/11	Toper oper service	everang			
Amoytht (\$)		e; Zip Code			
00 01	8 AL IT NOUSE	Dr. Fort Worth,	TV 71.100		
72.73	DOI K. MOFFISHE	or, My weren,	1K 1Q10L		
700 70		•	·		
DUBBOSE	Category (See categories listed at the top of	f this schedule) Description	//Standards - / Towns		
PURPOSE OF	Collegery (oce categories instead at the top o	Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	KVent Expense	Velum ?	or Tank		
	<u> </u>	, accemi	or rario		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held		
expenditure to benefit C/C	DH .				
Date /	Paryee name	9 L CN 11/11	ℓ_n		
[1]10[12]	Tarmers Mark	et of Fort Work	h.		
Amount/(\$)	Payee address: City: State	Zio Codo			
γαγισαπιή (Φ)	rayee address, City, State	s, Zip Code	·		
1611	(5501 K MelKnaz	St Halton (18	y Texas 1/0/17		
1915 5507 E. Belknap St., Halton City, Texas 76117					
111-					
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)		
OF	P-110				
EXPENDITURE	Food Beverage E	penses Food for	Fundraiser		
Constitution Chilly is all and	Candidate / Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sough	d Office held		
experience to belieff C/O	·n				
Date	Davido namo	<u> </u>			
Date / / / / / O	Payee name				
1/16/12	Cares 194 / 165	sa			
Amount (6)	Payee address: City: State	; Zip Code			
,					
4779	171 EVans Wenue	Fort Worth, TK	<i>76/04</i>		
11.6		1. 2. 2001, 12,17	· · · · /		
PURPOSE	Category (See categories listed at the top of	this schedule) — Description (If travel outside of Texas, complete Schedule T)		
OF	- 1 1-	this schedule) Description (
	Category (See categories listed at the top of Event Eyerse	Description (
OF EXPENDITURE	- 1 1-	Desset	for Fundraiser		
OF EXPENDITURE Complete ONLY if direct	Event Eyevse Candidate / Officeholder name	Office sought	for Fundraiser		
OF EXPENDITURE	Event Eyevse Candidate / Officeholder name	Desset	for Fundraiser		
OF EXPENDITURE Complete ONLY if direct	Event Eyevse Candidate / Officeholder name OH	Desset	for Fundraiser Office held		

SCHEDULE \mathbf{F}

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/Rein	nbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense	Transportation Equipm	ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Comm				
Fees	Printing Expense	Office Overhead/f		OTHER (enter a categ	
	The Instruction Guide				ory not listed above;
1 Total pages Schedule F:	2 FILER NAME	//		3 ACCOUNT # (Ethics Commission Filers)
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4 Date /	5 Payee name	7			
7/18/12	Since Hall Mas	sons			
6 Amount (\$)	7 Payee address; City; Sta				
200.00	POBOX 1478, FT	rt Worth	Texas ?	Le101	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas, co	empioto Schodulo Ti
OF OF		o oa.load.o/	(b) Description (In pavel odiside of lexas, Co	I / L
EXPENDITURE	Event Expense		KVert L	ocat on/Ken	tel File
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought		Office held
Date / // // // // // // // // // // // //	Payee name NUSC Dunk				
Amount (\$)		e: Zin Codo			
	Machiael District	6, 20 Code	1 / 11	1 1/	,
200.00	Memers 1317/60	Drance	C, MAY W.	oth, Texas	76104
PURPOSE	Category (See gategories listed at the top of	of this schedule)		f travel outside of Texas, co	nplete Schedule T)
OF	Salarus/Wages/Contra	at labor	(wheat	i hom In line	Da 16 - S
EXPENDITURE	1 1/3/04/11	0,,400.	Com ac La	con in cur	payer service
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	•	Office held
Date /	Payor name				
7/31/12	Muse Bank				
Amount (\$)	Payee address; City, State	; Zip Code			
15. N	Medical District	Branch, P	ortworth,	Texas 76104	<u>/</u>
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, con	nplete Schedule T)
EXPENDITURE	Office Overhead / Kent	ilkperse	Bunk Su	rvice Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date /	Payee name ///				
8/9/12	Carrie Holkert				
Angiought (\$)	Payee address; City; State	; Zip Code			
101.00	1437 Roma Ln, Fort	Worth, 7	Texas 161:	34	
PURPOSE	Category/See categories listed at the top of	this schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	Ford Beverage EVA	7.74	Catera-	·	,
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office/tolder harne	 	Office sought		Office held
	ATTACH ADDITIONAL COR	PIES OF THIS S	CHEDULE AS NE	EDED	
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SCHEDULE \mathbf{F}

			
	EXPENDITUR	RE CATEGORIES FOR BOX 8(a	3)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense		
rees	- ·	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
_	The Instruction Guid	de explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME	/	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payse/name /.	$11/\Omega$	
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6 Am/bunt /(\$)	7 Payee address; City; S	State; Zip Code	
_	2051 Elle - 11	erne, Fort Worth, 7.	- 7111
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8 PURPOSE	(a) Category (See categories listed at the t	top of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	GIFT/Muards/Men	mals Expense long	no for Scholarshinghand
O Complete ONLY if direct	Candidate / Office holder nam	e Office sour	ibt Complete
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e Onice soag	int Comica neid
experience to benefit CA	211		
Data /	Payer name		
Date / // /	Payee name		
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PURPOSE	Category (See categories listed at the to	on of this schodule) Deportation	
OF	Dutegory (one categories isseed at the it	por una scriedare) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Frinna Expense	Letters	to Constituents
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Complete ONLY if direct	Candidate / Officeholder name	e Office sough	ht Office held
expenditure to benefit C/O	Ж		
Date /	Payee name // //		
8/2/1/2	Thise Bink		
0/31/12	CHUSE NOTIC		
Arhount/(\$)	Pavee address; City; Si	tațe; Zip Code	
1-10	Medical Bank For	HWorth, Trexas Relo	
15 11	receive Darie, For	Worth, Juyas vero	7
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PURPOSE	Category (See categories listed at the to	p of this schedule) Pescription	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Office Overhead/Kinta	KKKKKUJE IJUK)	rvice Fee
Complete ONLY if disease	Candidate / Officeholder name	Office sough	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		, Onice sough	nt Office held
experience to belief C/O	n		
Date / /	1		
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Amount (\$)	Payee address: City: St	Z Z Code	
Ayriodito (\$)		ate; Zip Code	1.1.
M	91)12. Dunda dual	Gircle #1111, Forth	John 101/15 (6/20)
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PURPOSE	Category (See categories listed at the to	n of this echactula) Description	(When all outside of Towns asserted Colored Co.
OF	(Contracting the log	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	13:4+ 1/1 1 mandal // 1/10-	Will From I And	4 = 1 + (11/1) 11
	111 (Julia 10) 14671)	THE FYILLDS VIJATION	10 Triends " Cobb / Work 1
Complete ONLY if direct	Candidate / Officeholder name	// Office sough	t Office held
expenditure to benefit C/O	iH		
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	NEEDED
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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Re	eimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equip	oment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donati		
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense		holder/Political Committee egory not listed above)	
	= :	explains how to complete this f	•	egory not instead above;	
1 Total pages Schedule F:	2 FILER NAME ()	7	3 ACCOUNT	(Ethics Commission Filers)	
lolin 1	Allin Gray Kt	·////		(2000)	
4 Date /	5/Payee name	7			
9/17/12	Cousin's Bur BO	1			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
40.41	5125 Bryant Irvi	n Koad, Fort Work	th, Texas U	6132	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descriptio	n (If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Fol But to	\mathcal{T}	11/1/2 1/2	1 1-	
	<u> </u>	15e Digiter 1	WITH CINSTY	ivents	
9 Complete ONLY if direct expenditure to benefit C/	Cándidate / Officeholdér name	Office soug	a ht	Office held	
Date	Payee name				
9/25/12	United States M	stal Service			
Amount (\$)	Payee address; Çity; Sta		- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
1/0	Downtown Station	<u> </u>			
43.10	Fort Worth Texas	76102			
PURPOSE	Category (See categories listed at the top of		n (If travel outside of Texas,	complete Schedule T)	
OF	1066a Doc ha 1/2 -	IAT PAR		n	
EXPENDITURE	orice Openter of Ken	al Repease 1.0.13	OK Kenewal	<u> </u>	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	iht	Office held	
	···				
Date/	Payee name				
9/28/12	Chase Bank				
Armount (\$)	Payee address; City; Stat	e; Zip Code			
150	Medical District	Fort Worth, Texa	< 76/0L		
10.00		in the tree, to get	Jieroy		
PURPOSE	Category (See categories listed at the top of	f this schedule) Description	1 (If travel outside of Texas, o	remaints Cabarda to Ti	
OF		, , ,		omplete Schedule 1)	
EXPENDITURE	accounting/Bunking	Bunk J	Pervice Fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht	Office held	
Date /	, Payee name	1 - 0			
10/2/12	United States Pos	tal Service			
Andount (\$)	Payee address; / City; State	e; Zip Code			
63.00	Kiverside Station,	Fort Wirth, Texas	76111		
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, co	omplete Schedule T\	
OF	NG 10 / 1/0 /	017	12 / L. I/I/	originate outreduce ()	
EXPENDITURE	Unice Upertrack / Kuntal	EXPENSE LETTERS	70 CUSTILLE	uts	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
					

SCHEDULE \mathbf{F}

	EXPENDITURE (CATEGORIES FOR BOX 8(a	1)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimburg	sement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment	& Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations M	•
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category	not listed above)
	The Instruction Guide	explains how to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME	<i>i</i>	3 ACCOUNT # (Ethic	s Commission Filers)
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4 Detre /	5 Paylee name	/		
10/12/12	Walgreens			
6 Amount/(\$)	7 Payee address; City; State	e; Zip Code		
50.86	3100 Milher Guenue,	Fort Worth, Texa	5 16105	
8 PURPOSE	(a) Category (See categories listed at the top p	fthis schedule) (h) Description	(If travel outside of Texas, comple	to Cohodulo Ti
OF	000 0 11/1	1 = 0 CC O	(it alayer outside or rexas, comple	re scriedule ()
EXPENDITURE	Office Werthad / Kental	Expense Office Ju	applies	
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	AU o	ffice held
expenditure to benefit C/0	ОН	,		oo noid
Date /	Payee name 1			
10/15/19	1 Class Kaller K	whit hund		
10/10/12		corsi ci jurea		
Am/ount (\$)	Payee address; City; State	Zip Code	MILLA	
$(D \cap D)$	7800 S. Riverside	In Fort Worth Tes	LUS (4/19	
100.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PURPOSE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complet	te Schedule T)
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EXPENDITURE	udvertising Expens	ie Walter	Jouvenir Hogi	ain
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ot Of	fice held
Date /	Payee name _ / / / 1			
10/14/12	Maacp FY Work	L Chapter		
Amount (\$)	Payee address; City; State			
1000	1063 Evans levenue	Forth John Tieras	7/2/104	
100.00	100 King worke,	or pwerry lupus	14109	
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete	e Schedule T)
EXPENDITURE	advertising Expense	· (ad for)	ouverir Hog	ram
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Offideholder name H	Office sough	t YOfi	fice held
Date /	Pavyole namue ∕			
10/29/11	Land Riversida	1/1		
Amount (\$)	Payee address; City; State;	Zin Code		
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300.00	KIND KING DI., MOTE	worth, lexas les	<i>()</i>	
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PURPOSE	Category (See categories listed at the top of t	his schedule) Description	If travel outside of Texas, complete	Schedule T)
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EXPENDITURE	sillecul m/mydraisine	g Expirise Unation	to Fall Ristivia	C 1
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Offi	ice held
expenditure to benefit C/C	ЭН		O.II.	
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/R	eimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense	• •	pment & Related Expense	
Consulting Expense	Food/Beverage Expense	Food/Deverage Evenese		Contributions/Donat	•	
Event Expense	Polling Expense	Travel Out Of Dis	strict		eholder/Political Committee	
Fees	Printing Expense	Office Overhead/	Rental Expense	OTHER (enter a car	tegory not listed above)	
	The Instruction Guide	explains how to	complete this fo	•	,	
1 Total pages Schedule F:	2 FILER NAME//				# /F#: O	
O / An	2 ricer training	////		3 ACCOUNT	# (Ethics Commission Filers)	
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11/2/12	Carpina Lacento	· · · · · · · · · · · · · · · · · · ·				
6 Analount/(\$)	7 Payee address; City; Sta	ate; Zip Code				
37.89	530 Throckmorts	r, Forta	Jorka Te	Vas 7610	2	
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	(a) Cotogon (Constitution listed at the top		1 5 5			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)	
EXPENDITURE	Tood/Beverage EXP	1050	Lunch	with Cons	Libra La	
	1000/1000 tige 2/	er we	<u></u>			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held	
expenditure to benefit C/C	ЭН					
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11/13/12	Tuyas Busines	500 mer	of Mort	World		
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	Payee address; City; Sta 1421 Oakland Blue	1 /- 11	1-111 7	7/12	7	
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10.00		•	•	,		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
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EXPENDITURE	Journal In Tural	Sing EXP	Macing	1 10 Sentitur	sup runce	
Complete ONLY if direct	Candidate / Officeholder name	9	Office sough	t	Office held	
expenditure to benefit C/O	Н					
				· · · · · · · · · · · · · · · · · · ·		
Date /	Payee name					
11/13/12	Manne Wellow	Pe.				
Angount (\$)	Payee address; City: Stat	te; Zip Code		.,,		
	2.11		,			
301 Woodpaven Drive, 2 Soto Treyas 75115						
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Texas,	complete Schedule T)	
OF EVENTABLE IDE	accounting Banks	· .	Lina. W	/: 5 }	`	
EXPENDITURE	accounting / Banka	Na	Wellownt.	ina Serva	ce5	
Complete ONLY if direct	Candidate / Officeholder name	J	Office sought		Office held	
expenditure to benefit C/O	Н		_			
Date / /	Payee name		,			
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Amybunt (15)	Payee address; City; Stat		<i>!</i>			
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PURPOSE	Category (See categories listed at the top of	f this schedule)	Description /	If travel outside of Texas, o	complete Schedule T)	
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EXPENDITURE	Dilici tation Thursdrais	na External	1)msha	. The Michia	hoha had	
Complete Chilly 2	Candidate / Officeholder name		04500	$\sim 10^{-5}$	m, 34, 1414	
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office\sought	_	Office held	
experiations to benefit C/On						
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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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	e explains how to complete this f	orm.			
1 Total pages Schedule F:	2 FILER NAME	/	3 ACCOUNT # (Ethics Commission Filers)			
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4 Date	5 Payee name					
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6 Amount (\$)	7 Payee address; City; St	ate; Zip Code				
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01.11		1 143 113/ (0)00	ų iole			
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)			
OF	14 16		A L			
EXPENDITURE	Food/Beverage EXE	sense Lurch	with Constituents			
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	pht Office held			
expenditure to benefit C/	ОН					
5 7	T 80					
Date /	Payee name	7				
11/27/12	Cowboy Jantas	s Trogram INC	- •			
Amount (\$)	Payee address; City; St	ate; Zip Code	. 1			
0	4200 South Free	vay, Ste 200, Fort h	Jorth Texas 76115			
25. N		7,012,11	γ γ -			
76= 0						
PURPOSE	Category (See categories listed at the top	, ,	(If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Solicitation / Endraise	in France Danet	ion to Silver Stars			
On the Children of the children	Candidate / Officeholder name					
Complete ONLY if direct expenditure to benefit C/0		Office sough	ht Office held			
Date / /	Payee name / / /					
141112	Maribeth Ashl	lμ				
Amount (\$)	Payee address; City; Sta	te Zip Code				
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PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)			
OF	P. C. 16. 1. 1. 111	DE PL	12 May Silver La			
EXPENDITURE	aitt juuuras/munn,	1aloRypens 1-10Wer	3 Tor Constituents			
Complete ONLY if direct	Cándidate / Officeholder name	Office sough	ht Office held			
expenditure to benefit C/C	DH					
Date /	Paye∳ name					
12/11/12		1 0 6				
17/1/1/	Theresa's Dixie 1					
Amount (\$)		te; Zip Code				
1.1.1	3401 E. Belknap	St. Fort Worth, Te	xas Telli			
le1.61	1					
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Food Beverage Expe	nse Lunch in	with Constituents			
	Candidate / Officeholder name					
Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office sough	nt Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Texas Ethics Commission

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	• •	Loan Repayment/Rein	nhursement	
Accounting/Banking	Legal Services	Solicitation/Fundra				
Consulting Expense	Food/Beverage Expense	Travel In District	noing Expense		ent & Related Expense	
Event Expense	Politing Expense	Travel Out Of Dis	trict	Contributions/Donation	Is Made by Ider/Political Committee	
Fees	Printing Expense	Office Overhead/F				
rees	- ·		•	OTHER (enter a categ	ory not listed above)	
	The Instruction Guide	explains how to	complete this for	m.		
1 Total pages Schedule F:	2 FILER NAME //	· ,		3 ACCOUNT # (Ethics Commission Filers)	
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4 Date / /	5 Payee name					
19/17/12	1 Handanin Sea	food Kitch				
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6 Amolunt (\$)	7 Payee address; City; St	ate; Zip Code	1. —	71 122		
10. 0	2708 West Freeway	Fort Was	th lexas	16102		
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1 10:100						
	(5) Catagony (See extraoricalisted at the to	a of this select to	(a) Description			
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description	(If travel outside of Texas, co	Implete Schedule 1)	
OF EXPENDITURE	Food/Beverage Expe	2050	Mana	ith Constitu		
EXPERDITORE	1 will the age the	1100	Dilliner W	THE CONSTITU	ien 3	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	<u> </u>	Office held	
expenditure to benefit C/C	OH .					
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Date / /	Payee name ; j ; j					
12/10/12	Carrie Holbert					
14/8/12	Carry Holbert					
Amount (\$)	Payee address; City; St	ate; Zip Code				
	11/200 1 1	1.1. 1	- 7,	12,/		
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40.00			•			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)	
OF			A.L.	(NA 1		
EXPENDITURE	Hood/Beverage EXE	rense	Catering	for Meetin	<u> </u>	
Otate ONLY is disease	Candidate / Officeholder name		Office sought		Office held	
Complete ONLY if direct			Onice sought		Onice field	
expenditure to benefit C/C	'n					
Date /	Payee name	ו ו	Ш.			
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Amount (\$)	Payee address; City; Sta	ite; Zip Code		1		
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, 65 5 6						
	Category (See categories listed at the top	of this school (-)	Description #	If travel outside of Texas. co	molete Schedule T)	
PURPOSE						
OF EXPENDITURE	(sitts/Anxiels/Non	cials Expens	- Floriana	for Constit	wents	
EXPENDITORE	arrigrian sprant	11 1003 - 7 017	1 100000	TOT COTOLIT	2443	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/O	н					
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Date	Payee name					
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Amount (\$)	Payee address; City; Sta	ite; Zip Code				
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PURPOSE	Category (See categories listed at the lop	of this schedule)	Description (ftravel outside of Texas, cor	nplete Schedule T)	
OF					•	
EXPENDITURE]	
	Candidate / Officeholder norma	L	Office a		Office held	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/C	IH					
	ATTACH ADDITIONAL OF	ADIES OF THIS S	CUEDINE	CEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						