	TE / OFFICEH N FINANCE F	OFFICIAL RECO	Y COVER	ORM C/OH SHEET PG 1	
The C/OH Instruction	Guide explains how to cor	nplete this form.	ACCOUNT # (Ethics Commission Filers)	P Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS// MRS / MR	FIRST	MI	OFFIC	CE USE ONLY
NAME	NICKNAME ALL	en Gray	SUFFIX	Date Received	ED JAN 1 5 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT/SL 2820 Galvez Lollo	Coverse Tresas 7611	STATE; ZIP CODE	Date Hand-delivere	ed or Postmarked
change of address	AREA CODE PHONE	NUMBER CUTT		Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(8/7) 688-9S	86	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  MSPh  NICKNAME	HIRST JULIS LAST HEW	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 2707 Enris Gorf Worth,	~	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (8/7) 999-76		EXTENSION		
9 REPORT TYPE		Oth day before election	Runoff  Exceeded \$500 limit	15th day after treasurer approximately (fficeholder on Final report (f	pointment
10 PERIOD COVERED	Month Day Year 7 / 01 / 13	THROUGH	Month Day /2 /3/ /		
11 ELECTION	Month Day Year	ELECTION TYPE Primary	Runoff	General	Special
12 OFFICE	Jort Worth Cit Districts	y Council	13 OFFICE SOUGHT (if known	)	
	9	GO TO PAGE	2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH MAME	rray Kel	ly !	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.						
	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages							
-		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	s 900.00				
	2. TOTAL OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,750.00				
EXPENDITURE TOTALS	I A						
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,830.03				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD *	\$ 6,138,32				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$				
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by				
*********	*****	me ander Title 15, Election Code	minimized requires to se reported by				
	ONALD P. GONZALES COMMISSION EXPIRES May 17, 2016	Hell Cells So	4				
		Signature of Cand	didate or Officeholder				
AFFIX NOTARY STAMI		me, by the said Kelly Allen Gray	, this the				
day day	of Januar	4 1 1 1	ny hand and seal of office.				
fmale.	1m xu	NONHU 1. YONAKA	Title of officer administering oath				
/Signature of officer admir	nistering oath	Printed name of officer administering oath	THE OLUMPE AMINISTERNING COURT				

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS	(012) 400 0000	SCHEDULE A
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	jedule A:
2 FILER NAME	en Gray Kelly		3 ACCOUNT # (E	Ethics 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)
( العام	6 Contributor address; City; State; Zip Code 5-913 MCKarKle Fort Worth, TK 76/12		250.00	 
Dringinal occil	upation / Job title (See Instructions)	10 Employer (See I	<del></del>	of Texas, complete Schedule T)
9 Phincipal occu	ipation / Job title (See instructions)	10 Employer (Geo.	.nsuucuone,	
Date 7/1/12	Full name of contributor out-of-state PAC (ID#_	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/15	Contributor oddress; City; State; Zip Code  6700 Ouk Hill Dr.  Fort Worth, TK 76/32		100.00	
- 1t1		Employer (See I		of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/3	Sontributor address; City; State; Zip Code  10.000 France, TK 7600		100.00	 
	19. 4 10 07 100 00/ 1/	<del>,</del>	L	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/16/13	Contributor address; City: State; Zip Code		100.00	
	Fort Worth, TK 76/33	<u>-</u>		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full, name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/13	5932 Village Ourse Cir	-#925	100.00	The Collection To
Principal occu	pation / Job title (See Instructions)	Employer (See in	<del></del>	f Texas, complete Schedule T)
1 111101pui 0022,	panon / 000 mac (000 months)			
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A:			
2 FILER NAME	en Gray Kelly		3 ACCOUNT (E	Ethics Commission Filers)			
4 Date	5 Full/harine of contributor out-of-state PAC (ID#_  Shannon Flatcher		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
1/16/13	6 Centributor address; City; State; Zip Code 5-816 Levelland Dr.	· • • • • • • • • • • • • • • • • • • •	100.00	1			
	Fortworth, Treyas 76107		(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  ut-of-state PAC (ID#:_		Amount of	In-kind contribution			
/ /	Roger + Lisa Woodard		contribution (\$)	description (if applicable)			
7/14/13	Contributor address; City; State; Zip Code (5 633 Grenada Dr.		100.00	 			
	Int World, TX 76/19		(If travel outside	of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See I	<del></del>				
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)			
(11413	Contributor address; City; State; Zlp Code  A. V. J. J. J. T. 7/1/14		100.00	 			
	MATERIA, 1/ 16101		(If travel outside o	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of centributor   Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)			
7/16/13	Contributor address; City; State; Zip Code  2/18 Nectar Dr.	a l	100.00	 			
	Mesquite, Treyas 1514	<u>/l</u>		l of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of contributor out-of-state PAC (ID#)    Jun Lowrance		Amount of contribution (\$)	In-kind contribution description (if applicable)			
'1/29/15	Contributor address; City; State; Zip Code  2008 Four Oaks LA		1,000.00	 			
	Fortworth, Treyas 16107			of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)				
		·					

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

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

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:					
2 FILER NAME	n Gray Kelly	3 ACCOUNT # (Ethics 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)			
7/29/13	6 Contributor address; City; State; Zip Code		300.00	 			
	Mederland, Texas 11627		(If travel outside	I of Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<u> </u>				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
-//	Con-Keul LP		contribution (\$)	description (if applicable)			
8/31/13	Contributor address; City: State; Zip Code / 900 Bullowk Way, Suid	to 110	250.00				
	arlington, Trestes 7606			of Texas, complete Schedule T)			
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Dete	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of	In-kind contribution			
Date	Juckie D. Bewley		contribution (\$)	description (if applicable)			
8/31/13	Contributor address; City; State, Zip Code		1,000.00				
	Gortlanth, TX 76104			of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of contributorout-of-state PAC(ID#_	6	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/1/13	Contributor address; City; State; Zip Code 1001 Strd 26, Swite 323		250.00				
	Fort Worth, TX 76180		(If travel outside o	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
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						
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				f Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)				

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

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

# **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

•					
	EXPENDITUR	E CATEGORIE	S FOR BOX 8(a	3	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/		Loan Repayment/	Raimhursament
Accounting/Banking	Legal Services	Solicitation/Fund	raising Expense		uipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District	•	Contributions/Don	ations Made Rv
Fees	Polling Expense Printing Expense	Travel Out Of Di	istrict //Rental Expense	Candidate/Office	ceholder/Political Committee
	The Instruction Guid			OTHER (enter a c	ategory not listed above)
1 Total pages Schedule F		// /.	- Complete tina 10		F# (F#size Occupied of File
10/21	Wen Gray /	elly		3 ACCOUNT	F# (Ethics Commission Filers
4 Date 1 3	5 Payee name ( ) I	2 Square	<u> </u>		
6 Amount/(\$)	7 Payee address; City; St	ate, Zip Code			
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8 PURPOSE	(a) Gategory (See categories listed at the top	4101	- <del>1.2.2</del>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
OF	(a) Aste Got A (See categories listed at the tob	of this schedule)	(b) Description	(If Iravel outside of Texa	is, complete Schedule T)
EXPENDITURE	Memorial K KDE	nse	Howers	Yor Dr. G	larence Brooks 4
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Amount (\$)	Payee address/ City/ Sta	ate; Zip Code	- proper n	eugne	
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000.00	Willes, Towas 75	247			
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EXPENDITURE	Umatin		GOLF Town	towning.	Somsonship
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name		Office sought	1	Office held
- / L		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Date	Payee name	• /	2		
81281/3	L. (4) Stord ()all	40) /0/1/	1/18510		
Amount (\$)	Payee address; City; Stat	te; Zip Gode	, ueu.	<del></del>	
- 2 A - A	17-11/2 La St 4	1000			
[21.11]	Paul Mayeur, -	ddl			
////	Fort Worth, TK 761	12,			
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Complete ONLY if direct	Candidate / Officeholder name		Mas yue	C TOUR	3
expenditure to benefit C/O			Office sought		Office held
	Г		<u></u>		
Date / 13	Drun town fort	Worth Z	ne		
Aynount (\$)	Payee address;/ City: State	Zip Code	<u>'U</u>		· <del></del> -
2~ 0	777 Taylor SY SW	117			
251.10	100000000000000000000000000000000000000	700			
100.00	York Worth, Juxas	16102			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If t	ravel outside of Texas, c	complete Schedule T)
OF EXPENDITURE	Dontho		Endil	1. 111-	
<del></del>	JIMAIION		Novent 41	ickits	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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P.O. Box 12070

### SCHEDULE F

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	EXPENDITUR	E CATEGORIE	S FOR BOX 8(a		
Advertising Expense	Gift/Awards/Memorials Expense		/Contract Labor	-	-1h
Accounting/Banking	Legal Services		draising Expense	Loan Repayment/R	
Consulting Expense	Food/Beverage Expense	Travel In Distric		Contributions/Dona	pment & Related Expense
Event Expense	Polling Expense	Travel Out Of D		Candidate/Office	cholder/Political Committee
Fees	Printing Expense	Office Overhea	d/Rental Expense		tegory not listed above)
	The Instruction Guid	e explains how t	to complete this fo	rm.	<b>5</b> · <b>,</b> · · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F:	2 FICER NAME	//	<del></del>	3 ACCOUNT	# (Ethics Commission Filers
Long	Ullen Gray Re	lles			( The Control of the
4 Date	5 Payée name		<del></del>		<del></del>
8/29/13	Keen Group	,		-	
6 Apriount (\$)	7 Playee address; City, St	ate: Zip Code		·· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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8 PURPOSE	(a) Sategory (See categories listed at the top	p of this schedule)	(b) Description	(If travel outs/de of Texas,	complete Schedule T)
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PURPOSE OF	Category (See categories listed at the top	oi this schedule)	Description (	If travel outside of Texas,	complete Schedule T)
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Date /	Payer name / /	11			
11/19/12	Bethlehem Cent	110	*		
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000.00	10-11/10/11	7/10/			
	Fort Worth resus	16104			
PURPOSE	Category (See categories listed at the top of	f (his schedule)	Description (i)	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Monda's		11.111	<i>!</i>	· L
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Complete ONLY if direct	Candidate / Officeholder name	-	Office sought		Office held
expenditure to benefit C/O	РН				
Date	Payee name				
-40	Payee name				
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OF	a second and the seco		cescribiton (m	ravel outside of Texas, co	mpiece Schedule T)
EXPENDITURE		İ			
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expenditure to benefit C/O			Office sought		Office held
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