CANDIDATE / OFFICEHOLDER CITY SECRETARY CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MISS FIRST WELLY MICKNAME AST AULEN Gray	MI 	Date Received 2 3 4 5 6 7 8 RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	2820 Gilvet Avenue Fort Worth, Toyas 760	STATE: ZIP CODE	hate Hand delivered or Postmarked CITY SECRETARY Receipt Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-4586	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Phyllis NICKNAME LAST LUCKNAME	W. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	2707 Ennis avenue Fort Worth, Treyas Us	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 999-7887	EXTENSION	
9 REPORT TYPE	January 15 30th day before election Bth 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	
11 ELECTION	Month Day Year Primary		General Special
12 OFFICE	Fort Worth City Council District 8	13 OFFICE SOUGHT (if known	
	GO TO PAG	SE2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

	^				
14 C/OH NAME	len Gra	ey, Kelly	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)		ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'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 THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$955.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$24,738.06		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$3,683,25		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12.378.99		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$14513.95		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
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. Norma Jean Marshall My Commission Expires 12/11/2016 Signature of Candidate or Officeholder					
Sworn to and subsumed day Signature of officer admin	of Asslall	ne, by the said Yelly Alla // , 20 5 , to certify which, witness my NANShall Printed name of officer administering oath	hand and seal of office. May Title stofficer administering oath		

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	allen Gray Kelly		3 ACCOUNT DE	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)
1/29/15	6 Contributor address; City; State; Zip Code		350.00	Calering
	Fort Worth, TV 76/12		1	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date / C	Don Boren & Warla Con le	n	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/100/10	Contributor address: City State; Zip Code		250.00	
	7W, TX 76/03		(If travel outside of	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#_ Steel A LP5 Veca Contributor address of City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
70715	1617 Steinburg for		100.00	
	7W, 12 16107			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)
2/4/15	Contributer address. City; State; Zip Code		250.00	
	aledo, TX 16008		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/15	Contributor address; City; State; Zip Code			((
2/1/10	20. Box 8704		150.00	
Delegiant	option / John Hillo (Soo Instructions)	Employer (Co. 1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	naductions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages sch	nedule A:
2 FILER MAME	len Gray Kelly		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor _out-of-state PAC (ID#_ Robert R. Terrell		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/9/15	6 Contributor address; City; State; Zip Code 7(29 Null Wood P. 21) TV 7(233		100.00	
	76,12 14100	40 5 1 10		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Tim. Carter		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9/15	Contributor address; City; State; Zip Code 3408 Kustuvod Ct		250.00	
	7W. 1K (6109		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Fin name of contributor out-of-state PAC (ID#_ Contributor address: City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/9//5	2805 Alton Road		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
allatio	P.O. Box 444 Hurst, TX 76053		/DD.D	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		,
Date	Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
412415	35/2 Stone Creek Lane. 7W, TK 76/37	5	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		

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Texas Ethics Commission P.O. Box 12070 (512) 463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME Date Amount of 8 In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Fin name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution out-of-state PAC (ID#: Date contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T)

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	ages Schedule A:
2 FILER NAME CHAY Kelly	UNT# (Ethics Commission Filers)
4 Date 5 Full, name of contributor out of state PAC (ID#: 7 Amou contribute)	
2/20/15 6 Contributor andress; Gity; State; Zip Code; # 925 200.	.0
	el outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions	s)
Date Full name of contributor out-restate PAC (ID# Amou contribut	
2/20/15 Contributor Address; City Grate; Zip Code 250.	0
$\mathcal{A}_{\mathcal{U}_{i}}$ $\mathcal{A}_{\mathcal{U}$	el outside of Texas, complete Schedule T)
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2/20/5 Contributor address; Servy State; Zip Code 4/1/1/10-ma 5/-	00
	el outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3)
Date Full name of contributor out-of-state/PAC(ID#:) Amou contribute	
2242 C. Loop 820 100.0	O
Principal occupation / Job title (See Instructions) Employer (See Instructions	el outside of Texas, complete Schedule T)
Date Full name of contributorbut-of-state PAC (ID#:) Amou contribution	
Confiributor address; City, State; Zip Code 100.	00
	el outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	3)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide foradditional re	

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete thi	form. 1 Total pages Schedule A:	
Ellen Gray Kelly	3 ACCOUN # (Ethics Commission	Filers)
4 Date 5 Full name of contributor port-of-state PAC (ID#_ 220/5 6 Contributor address; City State; Rip Code 102/ 2000 Garden Dr		ontribution (if applicable)
7W, TX 76104	(If travel outside of Texas, complete	Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#_ The Count App Contributor address; Otyl State; Zip Code		ontribution (if applicable)
2/20/15 /26/2 Beech Tree Los Euless TX 76040	(If travel outside of Texas, complete	Schedule T
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	Soficação 1)
Date Full name of centributor out-of-state PAC (ID#_ 400 Contributor address; City; State; Zip Code 715 Carver		ontribution if applicable)
4WTX 76102	(If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor gut-of-state PAC (ID#		ontribution if applicable)
2/20/15 Contributor address; City; State, Zip Code (105 S. Adums, Ske. 9	300.00	
Principal occupation / Jbb title (See Instructions)	(If travel outside of Texas, complete Employer (See Instructions)	Schedule T)
Date Author Contributor address; City; State; Zip Code		ontribution if applicable)
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete	Schedule T)
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Texas Ethics Commi	ssion P.O. Box 120	O70 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICA	AL CONTRIBU	JTIONS			SCHEDIN E A
OTHER T	THAN PLEDGE	S OR LOAI	NS		SCHEDULE A
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2 FILER NAME	11. 1.	V/I .		3 ACCOUNTATE (E	thics Commission Filers)
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4 Date	Full name of centributor	our-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
11	() (P)	11.		contribution (\$)	description (if applicable)
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2/2//5 6	Contributo address://C	ity; State; Zip Code		1000	
7	700 Vak Hil	ity; State; Zip Code		100.00	
, ,	711 -11 711	10			
7	tw, 10 1410	200		(If travel outside	of Texas, complete Schedule T)
9 Principal occupati	on / Job title (See Instruction	ons)	10 Employer (See	Instructions)	
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2121115	Contributor address: 9	ty; State; Zip Code	214101	200	
72710	DOI Brentwoo	d Stair 1	d #106	250.00	
, ,	211) 11/ 7/11/2				
7	twith lells			(If travel outside of	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instruction	ns)	Employer (See	Instructions)	
Date	Full fame of contributor	out-of-state PAC (ID#:)	Amount of	In-kind contribution
1 1	Hall De	_		contribution (\$)	description (if applicable)
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2/2/15	contributor address;	ity; State; Zip Code		200	
7 2	Jas Misters	re gr		250.00	
1	11) TV 71.110				
7	w, ip will		E (0		of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructio	ns)	Employer (See	instructions)	
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Pate	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
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2/12/10	Contributor address;	ity; State; Zip Code			
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1 0	11 -1000	400.04		170	
7	W 12 16101			(If travel outside o	f Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructio	ns)	Employer (See		
Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Date /		U out-or-state PAC (ID#		contribution (\$)	description (if applicable)
.//	unter Hangas	LLY			
3/2/15	Contributor address,	ity; State; Zip Code		500 5	
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Let	DO W WHO ST., S	K 300			
7	W,TX 76/02			(If travel outside of	f Texas, complete Schedule T)
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2 5 6 Contributor address; City; State; Zip Code	OTHE	R THAN PLEDGES OR LOAI	NS		SCHEDULE A
Date S Fill name of contributor out-of-state PAC(De T Amount of contribution (s) S In-kind cont	Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Contributor Contribut	FILER HAM	Gray Kelly		3 ACCOUNT# (E	Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Confloutor address. City. State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Confloutor address. Gity. State; Zip Code Ille IT Tierruy TW TO TIEL Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicable of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor Confloutor address. Gity. State; Zip Code Ille IT Tierruy TW TO TIEL Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable of Texas, complete Schedule T) Amount of contribution (\$) description (if applicable of Texas, complete Schedule T) Full name of contributor Confloutor address. Gity. State; Zip Code Ille IT Tierruy Amount of contribution (\$) description (if applicable of Texas, complete Schedule T) Full name of contributor Confloutor address. Gity. State; Zip Code Ille IT Tierruy Amount of contribution (\$) description (if applicable of Texas, complete Schedule T) Full name of contributor Confloutor address. Gity. State; Zip Code Ille IT Tierruy Amount of contribution (\$) description (if applicable of Texas, complete Schedule T) Full name of contributor Confloutor address. Gity. State; Zip Code (If travel outside of Texas, complete Schedule T)	Date	Good Government Fund			8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code 230, 2 Facett County The Ty Tull Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code 250, 00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; Sity State; Zip Code Le Tourney The Ty Tull Principal occupation / Job title (See Instructions) Date Full name of contributor Contribution Contributor Contribution Contributio	12/15	6 Contributor address; City; State; Zip Code		1,200.00	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Prull name of contributor out-of-state PAC (ID#	13/15			250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Prull name of contributor out-of-state PAC (ID#		7 N, TX 76119		(If travel outside o	of Texas complete Schedule T)
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Date Full name of contributor out-of-state PAC (ID#:		TW, 12 (6112			of Texas, complete Schedule T)
Contribution address; City; State; Zip Code 4/2 / High woods (rau) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:	Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#	3/15	Contlibutor address; City; State; Zip Code		200.00	
Date Full name of contributor out-of-state PAC (ID#		7-W, 1x 14112		(If travel outside of	of Texas, complete Schedule T)
Line barger Goggan Blair & Sampson description (if applicable 2,500.00 Quanting TX 78760 (If travel outside of Texas, complete Schedule T)	Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
P. O. Box 17428 Quartin, TX 78740 (If travel outside of Texas, complete Schedule T)	Date	herebarger Goggan Blair +	Sampson		In-kind contribution description (if applicable)
	4/15	P.O. Box 17428		2,500.00	
Principal occupation / Job title (See Instructions)	5		Emple - (C)		of Texas, complete Schedule T)
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P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete the	his form. 1 Total gages Sahedule A:
Wen gray Kelly	3 ACCOUNT# (Ethics Commission Filers)
4 Date 5 Fyli Hame of contributor out-of-state PAC (IDM	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Coo	100.00 f
1w,1/2 14107	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor □ out-of-state PAC (IDI	Amount of In-kind contribution contribution (\$) description (if applicable)
3/9/15 Contributor address; City State; Zip Cod /304 Illnois Guvenue	100.00
2W, TX 76104	(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 (IDM	Amount of In-kind contribution contribution (\$) description (if applicable)
3/9/15 Contributor address; City; State; Zip Cod	100.00
7W. TV 76/33	
District and the title (Contractions)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
5/13/15 Contributor address; City; State; Zin Cod 1526 Oak Meadows Dr	250.00
Mallas, TX 75232	(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

P.O. Box 12070

SCHEDULE A

The Instru	uction Guide explains how to complete this	s form.	1 Total pages Son	edule A:
2 FILES NAME Ullen (ray, Kelly		3 ACCOUNT (E	thics Commission Filers)
2/11/15 SE	Ill name of contributor out-of-state PAC (ID#_	2	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
20,	Contributor address: City: State: Zip Code Main Street, Sk 25), TX 76/02	00	1,500.00	
/ 20				of Texas, complete Schedule T)
9 Principal occupation	/ Job title (See Instructions)	10 Employer (See	Instructions)	
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3/18/15 38	Contributor address; City; State; Zip Code		250.00	
70	U, 1 p vello			of Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)	
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7 u), TX 76/02			of Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)	
Date /	out-of-state PAC (ID#_ offs5ind Turf Prod	lucts	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/18/15 10/ Eu	Contributed address; City; State; Zip Code 10 N. Industrial Blv. Less, TX 74039	rd	250.00	ATTOWN AND ADMINISTRATION OF THE PARTY OF TH
	/ Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date F	ull name of contributor out-of-state PAC (ID#_ Idspread Partners Contribute address: City: State: Zin Code.	/LC	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/18/15 82	135 Douglas Are, Ste To	20	100.00	of Tayon, complete Caladida Ti
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Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. thics Commission Filers) Amount of Dat 8 In-kind contribution out-of-state PAC (ID# contribution (\$) ription (if applicable) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) 1,000.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#: description (if applicable) contribution (\$) Zip Code (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

Гехаs Ethics Con	nmission	P.O. Box 12070	Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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2 FILES NAME	y Tray	Kelly			3 ACCOUNT #	thics Commission Filers)
4 Date	5 Full-name 6 Contribute	of contribute out	of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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9 Principal occur	10, 1	K (6102)		40 Employer (See		of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

out-of-state PAC (ID#:

City; State; Zip Code

Full name of contributor

Contributor address;

Principal occupation / Job title (See Instructions)

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

Date

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Amount of contribution (\$)

Employer (See Instructions)

P.O. Box 12070

	EXPENDITUR	E CATEGORIES FOR BOX	X 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor		nent/Reimbursement	
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8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Descr	ription (If travel outside	of Texas, complete Schedule T)	
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	Category (See categories listed at the to		ription (If travel outside a	of Texas, complete Schedule T)	
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OF EXPENDITURE	tee	J. O. C	heck f Austin, X, officel	nolder living expense	
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1 Total pages Schedule F:	2 FIXER NAME Gray Kelly	3 ACCOU	NT # (Ethics Commission Filers)
1 28/15	City Secretary Office - (lity of FW	
6 Amount (\$) /00. (()	7 Payee address: gity: State: Zip Code 1000 Throckmonton St. 7W;	TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Description (If travel outside of T	9 Fees
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 1/28/15	Donald R. Marshall		
Arfrount (\$) 150. (7)	Payer address; City; State; Zip Code 2817 E. 446 St. JW, TX 7	(le 111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of To	
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Date 1/29 15	Payee name Table 21 Payee address; City; State; Zip Code		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of To	vent
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2 2 15	Derrick L. Simmons		
243.56	4900 SE Loop 820 Forest	- (Hill, TX 7614)	D
PURPOSEOF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of T	ers
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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	EXPENDITURE	CATEGORIES FOR BOX 8(a	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
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4 Date 2 15 6 Amount (\$)	Day Kesource 7 Payed address; City; Sta	Center ite; Zip Code		
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	Donati	(If travel outside of Texas, complete Schedule T) (Austin, TX, officeholder living expense)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ght Office held	
2 7 / 5 Amount (\$)	Payee name Band, Co Payee address; City; Sta	ate; Zip Code		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top Category Eyr	Campaia	n (If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense	
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loo. N	Payee address; City; Sta 7W, TK 7601	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Jostan	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense	
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2/18/15	Payle name 2/	To Code		
900. D	7820 High Meado	w Court, 7W, 7K	76112	
PURPOSE OF EXPENDITURE	Event Expense	Caterina	Payment for Event Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NEEDED	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense 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: 3 ACCOUNT # (Ethics Commission Filers) (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH nofield, TX 76063 (See categories listed at the top of this schedule) escription (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Punse Check if Austin, Tx, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Zip Code (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Dat State; Zip Code

categories listed at the top of this schedule)

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

PURPOSE OF

EXPENDITURE

Office held

Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, but beholder living expense

Office sought

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4 Date 35/15 6 Amount/(\$)	7 Playee address: Qity: 5	State; Zip Code		
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Date 3/5/15.	Mary L. Davi	idom		
Angount (\$) 200 · 10	1901 Windward Grest Hill, They	State: Zip Code Way 35 86/40		
PURPOSE OF EXPENDITURE	Contract Lakor	The	ne Bank	e of Texas, complete Schedule T) Complete Schedule T) ceholder living expense
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B/5/15	Dorothy arey			
Ambunt (s)	Payee address; City S 4/33 Burke Ru	State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the lon Tract Labor		re Bank	e of Texas, complete Schedule T) ceholder living expense
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	ATTACH ADDITIONAL	COPIES OF THIS SCHEDUL	E AS NEEDED	

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)	thone.	Austin, TX, officeholder liv	oller
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Africant (\$) (60.00	Fayee address; // City, Sta FUN Wilhelm FW, TV 76/19	ite; Zip Code			
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P.O. Box 12070

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	EXPENDITURE	CATEGORIES FOR BOX	X 8(a)	
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8 PURPOSE OF EXPENDITURE	(a) Category' (See categories listed at the top	tho	ription (If travel outside of PL Bunk L heck if Austin, TX, officeho	Texas, complete Schedule T) Under living expense
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3/13/15	Derrick L. Sim	mms		
Amgufit (\$) 433.00	4900 SE Loop 820 Fort WAYL TX TO	te: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top advertising Experi	of this schedule) Descri	· · · /	Teyas, complete Schedule T) Angur5 Ider living expense
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Texas Ethics Commission

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	EXPENDITURE (CATEGORIES FOR BO	OX 8(a)	
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Fees	• .	Office Overhead/Rental Exp		ter a category not listed above)
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4 Date 2/15	5 Payee name	Tarrant (Buch	
6 Amount (\$)	7 Payee address; / City; State	e; /Zip Code	July	
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010 00	www.gran, regard	(this exhaults)		
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	QJF1		Check if Austin, TX, office	zeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Offic	ce sought	Office held
Date /	Playee hame ///			
3/19/15	John Clark			
Amount (\$)	Payee address (City; State	e; Zip Code Venue		
160.00	7W. TX 76107			
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EXPENDITURE	Contrall Labor		Check if Austin, TX, office	ceholder living expense
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	Palygle name '			
3/19/15	Carrie Green			
Amount (\$)	Playee address; // /City; State	e; Zip Code		
// A O	4208 William			
[60.00	4W, TX 76/19		1	
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	Candidate / Officeholder name	Offic	ce sought	Office held
Complete ONLY if direct expenditure to benefit C/C		Ollic	se sought	Office field
Data	Parleename			
3/4/15	Mary Davidson	,		
Ampunt (5)	Payee address; City/ State	Zip Code		
20.00	Forest Hill. TX 70	140		
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PURPOSE OF	10.1	1 Yh	one Back	Worldon
EXPENDITURE	(or tract Labor		Check if Austin, TX, offic	eholder living expense
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Complete ONLY if direct expenditure to benefit C/				
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	EXPENDITURE O	ATEGORIES FOR BOX 8(a)
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6 Afriourt (\$)	7 Payee address: City State 4/33 Durke Koad Dw. TX 74/19	e; Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top o	f this schedule) (b) Description	(II) ravel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
3/19/15	Jayee name Olteen	Printing	
Ambunt (\$)	Payee address; City State	Zip Code	
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OF EXPENDITURE	Brinting Expense	Campaig	N Digns (Large) Austin, TX, officeholder living expense
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3/25/15	Payee name 1) 1) 1) 1- 1) hy (urey		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	Phone t	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	nt Office held
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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)
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Description	TT (Ktravel outside of Texas, complete Schedule T)
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EXPENDITURE	Contract Labor	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
	Paudo para NA		
3/25/15	Payee name Vark		
Amount (\$)	Payee address; City; S	ete; Zip Code	
11-1 10	July Bughion	roenae	
160.00	+W, 1476107	1. 1	
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	(Incavel outside of Texas, complete Schedule T)
OF	11.4 1/6	Phone	Dank Worker
EXPENDITURE	Contract Labor		if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght Office held
	A.		
3/25/15	Carrull. Green	J	
Amount (\$)		ate; Zip Code	
11 . 0	4208 Wilhelm		
160.00	9W, TX 76/09	1	
	Category (See categories listed at the to	p of this schedule) Description	(If trave)outside of Texas; complete Schedule T)
PURPOSE	OI II	Thone	Sank Worley
OF EXPENDITURE	Unitract Labor		if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sou	ght Office held
Complete ONLY if direct expenditure to benefit C/C		· · · · · · · · · · · · · · · · · · ·	p Omoe note
Date	Pavee name 1		
3/30/15	Pappadeaux De	food Kitchen	
Amount, (\$)	Payee address; City; St	ate; Zip Code	
0.1	2708/12 st Greens		
254.60	4w, TX 76102		
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF	Jan Punes	Dinner	
EXPENDITURE	7000 ~ yourse	Check	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/6	ОН		
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	SNEEDED