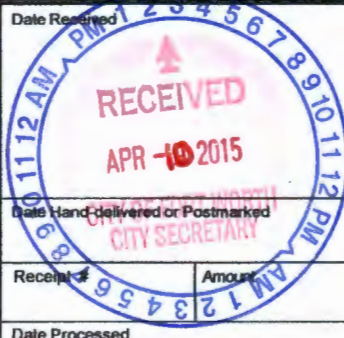


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i> NICKNAME	FIRST <i>Kelly</i> LAST <i>Allen Gray</i>	MI SUFFIX
	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2820 Gelvez Avenue Fort Worth, Texas 76111</i>		
			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>688-9586</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i> NICKNAME	FIRST <i>Phyllis</i> LAST <i>Allen</i>	MI <i>W.</i> SUFFIX
	Date Received		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2707 Ennis Avenue Fort Worth, Texas 76111</i>		
	Date Hand-delivered or Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>999-7887</i>	EXTENSION
	Receipt #		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	Date Processed		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 15</i> <i>3 / 31 / 15</i>		
	Date Imaged		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 9 / 15</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <i>Fort Worth City Council District 8</i>		
	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Allen Gray, Kelly

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 955.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24,738.06

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 3,683.25

4. TOTAL POLITICAL EXPENDITURES

\$ 12,378.99

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

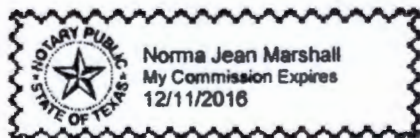
\$ 14,513.95

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 is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kelly Allen Gray
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 10th day of April, 2015, to certify which, witness my hand and seal of office.

Norma Marshall
Signature of officer administering oath

NORMA MARSHALL
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/29/15

5 Full name of contributor

☐ out-of-state PAC (ID#)**Table 21 Catering**

6 Contributor address; City; State; Zip Code

**7620 High Meadow Ct.
Fort Worth, TX 76112**

7 Amount of contribution (\$)

350.00

8 In-kind contribution description (if applicable)

Catering Donation

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/29/15

Full name of contributor

☐ out-of-state PAC (ID#)**Don Boren + Wanda Conlin**

Contributor address; City; State; Zip Code

**1755 Marbel Ave
FW, TX 76103**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/15

Full name of contributor

☐ out-of-state PAC (ID#)**Steven A. Epstein**

Contributor address; City; State; Zip Code

**1617 Steinhilber Ln
FW, TX 76134**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/15

Full name of contributor

☐ out-of-state PAC (ID#)**Tom Galbreath**

Contributor address; City; State; Zip Code

**11717 Cambria Ct.
Aledo, TX 76008**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/15

Full name of contributor

☐ out-of-state PAC (ID#)**Guinda Burns**

Contributor address; City; State; Zip Code

**P.O. Box 8704
FW, TX 76124**

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/9/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert E. Terrell

6 Contributor address; City; State; Zip Code

7629 Nutwood Pl.
FW, TX 761337 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Tim Carter

Contributor address; City; State; Zip Code

3408 Rustwood Ct
FW, TX 76109Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

John V. Roach

Contributor address; City; State; Zip Code

2805 Alton Road
FW, TX 76109Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

James C. Powell

Contributor address; City; State; Zip Code

P.O. Box 444
Hurst, TX 76053Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

Jerry L. Barton

Contributor address; City; State; Zip Code

3512 Stone Creek Lane S
FW, TX 76137Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT# (Ethics Commission Filers)

4 Date

2/12/15

5 Full name of contributor

UreVeK

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

2411 Thomas Rd
FW, TX 76117

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/18/15

Full name of contributor

J. Chris Garra

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1301 Throckmorton St. #1301
FW, TX 76102

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/15

Full name of contributor

Thomas L. Krampitz

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

807 N. Oak Cliff Blvd
Dallas, TX 75208

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/15

Full name of contributor

Michael Reilly

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

10175 4th Road S
Aledo, TX 76008

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

Full name of contributor

T. Christopher Lewis

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2301 N. Collins St. Ste 238
Arlington, TX 76011

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4/11

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT# (Ethics Commission Filers)

4 Date

2/20/15

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

Michael Campbell

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5932 Village Course Cir #925
FW, TX 76119

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/15

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

B. R. Daniels, Jr.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1212 Carnes Dr.
FW, TX 76134

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

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

Cynthia Cook Boling

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4717 Norma St.
FW, TX 76103

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

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

Morrison & Sadler Lawyers

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2242 E. Loop 820
FW, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

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

Linda Christie

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1129 Picasso Dr
FW, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 11

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/20/15

5 Full name of contributor

Ross Haynes, Jr

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

1021 Glen Garden Dr
FW, TX 76104

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/15

Full name of contributor

Trelaine Mapp

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

12612 Beech Tree Ln
Euless, TX 76040

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

Full name of contributor

Noble Reed

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1715 Carver
FW, TX 76102

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

Full name of contributor

Deatria Norfleet

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

605 S. Adams, Ste 9
FW, TX 76104

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/15

Full name of contributor

Rafael Casarez

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6900 La Cantera
FW, TX 76108

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT# (Ethics Commission Filers)

4 Date

2/21/15

Full name of contributor ☐ out-of-state PAC (ID#:

David Crawford

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

6700 Oak Hill Drive
FW, TX 76132

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/21/15

Full name of contributor ☐ out-of-state PAC (ID#:

Bradley Douglas Construction

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5001 Brentwood Stair Rd #106
FW, TX 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/15

Full name of contributor ☐ out-of-state PAC (ID#:

Jeff Davis

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2325 Mistletoe Dr
FW, TX 76110

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/02/15

Full name of contributor ☐ out-of-state PAC (ID#:

Dan Lowrance

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2008 Four Oaks Ln
FW, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/15

Full name of contributor ☐ out-of-state PAC (ID#:

Canley Hanger LLP

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Canley Hanger Plaza
600 W 6th St, Ste 300
FW, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>7 of 11</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/2/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Good Government Fund</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Erma Johnson Hadley</i> Contributor address; City; State; Zip Code <i>2362 Taett Court 7W, TX 76119</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>7W Retired Firefighters + Widows PAC</i> Contributor address; City; State; Zip Code <i>1617 Tierney Rd 7W, TX 76112</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vernell Starns</i> Contributor address; City; State; Zip Code <i>612 Highwoods Trail 7W, TX 76112</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Huebarger-Goggin Blair + Sampson</i> Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX 78760</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/9/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Nina Jo Baker

6 Contributor address; City; State; Zip Code

958 E. Terrell
7W, TX 76104

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Tom E. Carter

Contributor address; City; State; Zip Code

1304 Illinois Avenue
7W, TX 76104

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Donald Cager

Contributor address; City; State; Zip Code

4100 Aragon
7W, TX 76133

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Norma Roby

Contributor address; City; State; Zip Code

7578 Morrison Ct.
7W, TX 76112

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/15

Full name of contributor

☐ out-of-state PAC (ID#)

John L. Proctor

Contributor address; City; State; Zip Code

1526 Oak Meadows Dr
Dallas, TX 75232

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT# (Ethics Commission Filers)

4 Date

3/14/15

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

Kelly Hart + Halloran LLP

Contributor address; City; State; Zip Code

201 Main Street, Ste 2500
FW, TX 761027 Amount of
contribution (\$)

1,500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/18/15

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

Randle Howard

Contributor address; City; State; Zip Code

3863 South Freeway
FW, TX 76110Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/15

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

Edward P. Bass, Special

Contributor address; City; State; Zip Code

201 Main Street, Ste 2700
FW, TX 76102Amount of
contribution (\$)

1,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/15

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

Professional Turf Products

Contributor address; City; State; Zip Code

1010 N. Industrial Blvd
Euless, TX 76039Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/15

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

Widespread Partners, LLC

Contributor address; City; State; Zip Code

8235 Douglas Ave, Ste 720
Dallas, TX 75225Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/24/15

5 Full name of contributor

FWPOA

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

3,058.00

8 In-kind contribution description (if applicable)

Campaign Yard Signs

6 Contributor address; City; State; Zip Code

2501 Parkview Dr #600
FW, TX 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/15

Full name of contributor

Allen Tucker

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11500 Mosier Valley Rd
Euless, TX 76040

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/15

Full name of contributor

Rollins Construction Services

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

825 RL Thornton Freeway
Dallas, Texas 75203

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/15

Full name of contributor

FW Firefighters Committee

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3855 Tulce Way
FW, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/15

Full name of contributor

Bobbie Montgomery

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

546 Deer Creek Way
Everman, TX 76140

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11 of 11

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/27/15

5 Full name of contributor

Hammer & Nails Club☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

100 E. 15th St. Ste 600
7W, TX 76102

7 Amount of contribution (\$)

750.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 10</i>		2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/16/15</i>		5 Payee name <i>Almsted-Kirk</i>			
6 Amount (\$) <i>72.01</i>		7 Payee address; City; State; Zip Code <i>5700 Airport Fwy, Haltom City, TX 76117</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Invitations</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/19/15</i>		Payee name <i>Mi Cocina - Sundance Square</i>			
Amount (\$) <i>101.00</i>		Payee address; City; State; Zip Code <i>Ft Worth, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Lunch w/ Campaign Workers</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/21/15</i>		Payee name <i>Almsted-Kirk</i>			
Amount (\$) <i>37.50</i>		Payee address; City; State; Zip Code <i>5700 Airport Fwy, Haltom City, TX 76117</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Invitations</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1/26/15</i>		Payee name <i>USPS - Downtown Station</i>			
Amount (\$) <i>166.60</i>		Payee address; City; State; Zip Code <i>FW, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fee</i>		Description (If travel outside of Texas, complete Schedule T) <i>P.O. Box Rental</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2/10** 2 FILER NAME **Allen Gray, Kelly** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **1/28/15** 5 Payee name **City Secretary Office - City of FW**

6 Amount (\$) **100.00** 7 Payee address; City: State: Zip Code **1000 Throckmorton St. FW, TX 76102**

8 PURPOSE OF EXPENDITURE **Fees** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **Campaign Filing Fees**
☐ Check if Austin, TX, officeholder living expense

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

Date **1/28/15** Payee name **Donald R. Marshall**

Amount (\$) **150.00** Payee address; City: State: Zip Code **2817 E. 4th St. FW, TX 76111**

PURPOSE OF EXPENDITURE **Advertising Expense** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **Sponsor Table**
☐ Check if Austin, TX, officeholder living expense

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

Date **1/29/15** Payee name **Table 21**

Amount (\$) **350.00** Payee address; City: State: Zip Code **7820 High Meadow Ct. FW, TX 76112**

PURPOSE OF EXPENDITURE **Event Expense** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **Deposit for Event**
☒ Check if Austin, TX, officeholder living expense

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

Date **2/2/15** Payee name **Derrick L. Simmons**

Amount (\$) **243.56** Payee address; City: State: Zip Code **4900 SE Loop 820 Forest Hill, TX 76140**

PURPOSE OF EXPENDITURE **Printing Expense** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **Campaign Flyers**
☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/6/15		5 Payee name Day Resource Center			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 1415 E. Lancaster Ave, 7W, TX 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift		(b) Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 2/7/15		Payee name Wrist-Band.com			
Amount (\$) 137.25		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Wrist Bands <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 2/3/15		Payee name USPS - Downtown			
Amount (\$) 100.00		Payee address; City; State; Zip Code 7W, TX 76101			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Postage Stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 2/18/15		Payee name Table 21			
Amount (\$) 900.00		Payee address; City; State; Zip Code 2820 High Meadow Court, 7W, TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Catering Payment for Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 4 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/18/15		5 Payee name Belltower Chapel + Garden			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code 3712 Wichita St. 7W, TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Facility for Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/19/15		Payee name Weening Photography			
Amount (\$) 100.00		Payee address; City; State; Zip Code 4206 Caddy Court, Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Photographer <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/19/15		Payee name Pappadeaux Seafood Kitchen			
Amount (\$) 258.35		Payee address; City; State; Zip Code 2708 West Freeway 7W, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Workers Dinner <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/1/15		Payee name Office Depot			
Amount (\$) 165.39		Payee address; City; State; Zip Code 401 Carroll St. 7W, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Office Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 10	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/5/15	5 Payee name Carrie M. Green
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6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 4208 Wilhelm FW, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Phone Bank Workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/15	Payee name Mary L. Davidson
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Amount (\$) 200.00	Payee address; City; State; Zip Code 6901 Woodward Way Forest Hill, Texas 76140
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/15	Payee name Dorothy Carey
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4133 Burke Road FW, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/15	Payee name Francis Crawford
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4228 Reed Street FW, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>60810</i>		2 FILER NAME <i>Allen Gray Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/5/15</i>		5 Payee name <i>John Clark</i>			
6 Amount (\$) <i>160.00</i>		7 Payee address; City; State; Zip Code <i>5616 Houghton Ave FW, TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/12/15</i>		Payee name <i>Francis Crawford</i>			
Amount (\$) <i>160.00</i>		Payee address; City; State; Zip Code <i>4228 Reed St. FW, TX 76119</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/12/15</i>		Payee name <i>Mary L. Davidson</i>			
Amount (\$) <i>200.00</i>		Payee address; City; State; Zip Code <i>6901 Windward Way, Forest Hill, TX 76140</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/12/15</i>		Payee name <i>Carrie M. Green</i>			
Amount (\$) <i>160.00</i>		Payee address; City; State; Zip Code <i>4208 Wilhelm FW, TX 76119</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank Worker</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/12/15		5 Payee name Anthony Carey			
6 Amount (\$) 160.00		7 Payee address; City, State; Zip Code 433 Burke Road FW, TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/12/15		Payee name Dynamic Screen Printing			
Amount (\$) 881.16		Payee address; City, State; Zip Code 380 Boone Rd., Ste A-9 Burleson, Texas 76028			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Yard Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/13/15		Payee name Derrick L. Simmons			
Amount (\$) 433.00		Payee address; City, State; Zip Code 4900 SE Loop 820 Fort Worth, TX 76140			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Door Hangers <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/13/15		Payee name Delta Sigma Theta - Jabberwock Event			
Amount (\$) 100.00		Payee address; City, State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Souvenir Book Ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/15		5 Payee name Girls Inc of Tarrant County			
6 Amount (\$) 20.00		7 Payee address: City: State: Zip Code 2820 Matlock Road Arlington, Texas 76015			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift		(b) Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/15		Payee name John Clark			
Amount (\$) 160.00		Payee address: City: State: Zip Code 5616 Houghton Avenue FW, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/15		Payee name Carrie Green			
Amount (\$) 160.00		Payee address: City: State: Zip Code 4208 Wilhelm FW, TX 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/15		Payee name Mary Davidson			
Amount (\$) 200.00		Payee address: City: State: Zip Code 6901 Windward Way Forest Hill, TX 76140			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/19/15		5 Payee name Dorothy Carey			
6 Amount (\$) 160.00		7 Payee address; City State Zip Code 4133 Burke Road FW, TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/15		Payee name Dynamic Screen Printing			
Amount (\$) 525.31		Payee address; City State Zip Code 300 Boone Road, Ste A-9 Burleson, Texas 76028			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Signs (Large) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/15		Payee name Dorothy Carey			
Amount (\$) 160.00		Payee address; City State Zip Code 4133 Burke Road FW, Texas 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/15		Payee name Francis Crawford			
Amount (\$) 160.00		Payee address; City State Zip Code 4228 Reed St. FW, TX 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 10		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/25/15		5 Payee name Mary Davidson			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 6901 Windward Way Forest Hill, Texas 76140			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/15		Payee name John Clark			
Amount (\$) 160.00		Payee address; City; State; Zip Code 5616 Houghton Avenue FW, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/15		Payee name Carrie M. Green			
Amount (\$) 160.00		Payee address; City; State; Zip Code 4208 Wilhelm FW, TX 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/30/15		Payee name Pappadeaux Seafood Kitchen			
Amount (\$) 254.60		Payee address; City; State; Zip Code 2708 West Freeway FW, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Dinner w/ Campaign Team <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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