

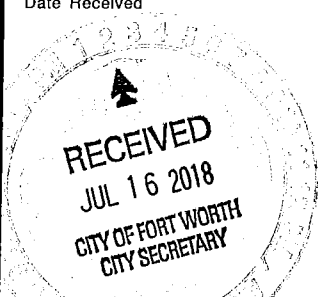
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:
1 of 7

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: *Mrs* NICKNAME: *Allen Gray*
FIRST: *Kelly* LAST: *Allen Gray*
MI: _____ SUFFIX: _____

OFFICE USE ONLY

Date Received


4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1692 Fort Worth TX 76101
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: *(817)* PHONE NUMBER: *688-9586* EXTENSION: _____

Receipt # _____ Amount \$ _____

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: *Ms* NICKNAME: *Allen*
FIRST: *Phyllis* LAST: *Allen*
MI: *W* SUFFIX: _____

Date Processed _____

Date Imaged _____

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
*2707 Ennis Ave
Fort Worth, TX 76111*

8 CAMPAIGN TREASURER PHONE
AREA CODE: *(817)* PHONE NUMBER: *999-7887* EXTENSION: _____

9 REPORT TYPE

<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
<input checked="" 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)

10 PERIOD COVERED

Month: <i>1</i> Day: <i>1</i> Year: <i>2018</i>	THROUGH	Month: <i>6</i> Day: <i>30</i> Year: <i>2018</i>
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11 ELECTION

ELECTION DATE Month: <i>/</i> Day: <i>/</i> Year: <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE
OFFICE HELD (if any)
*Fort Worth City Council
District 8*

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Allen Gray, Kelly 15 Filer ID (Ethics Commission Filers)

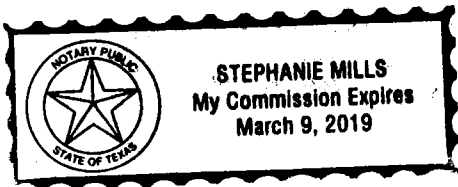
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 855.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1318.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,385.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Stephanie Mills Signature of officer administering oath
Stephanie Mills Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Allen Gray, Kelly</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,550.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>463.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 3**

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/18

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

Haydn Cutler

7 Amount of contribution (\$)

2,500.00

6 Contributor address; City; State; Zip Code

3825 Camp Bowie FW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

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

Dana LeClaire

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

317 Parkview Circle Hurst TX 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

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

Rachel Ann Phillips

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1918 Tremont Ave FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

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

James Dannenbawm

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

3908 Del Monte Dr Houston, TX 77019

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2 of 3*

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

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

Brad Gorrondona

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

108 Enchanted Ct N Burleson TX 76028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

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

PAC of Pacheco Koch

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

*7557 Rambler Road Dallas, TX 75231
Ste 1400*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

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

Halff Assoc State PAC

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1201 N Bowser Rd Richardson TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/17

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

Carl Krogness

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3721 Arroyo Rd FW TX 76109

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

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

Cobb Finley PAC

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

13430 Northwest Fwy Houston, TX 77040
1100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Allen Gray, Kelly</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/5/18</i>	5 Payee name <i>USPS - Downtown</i>
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6 Amount (\$) <i>112.00</i>	7 Payee address; City; State; Zip Code <i>251 W Lancaster Ave FW TX 76102</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rental Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/23/18</i>	Payee name <i>Walmart - Renaissance Square</i>
------------------------	---

Amount (\$) <i>127.00</i>	Payee address; City; State; Zip Code <i>2900 Renaissance Square FW TX 76105</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense for Meeting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/11/18</i>	Payee name <i>Table 21 Catering</i>
------------------------	--

Amount (\$) <i>224.00</i>	Payee address; City; State; Zip Code <i>7640 Druid Ct FW TX 76112</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense for Meeting</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED