

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

FT. WORTH, TX
ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Kelly Allen Gray

OFFICE USE ONLY

Date Received

Date Hand-delivered or Post-Marked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

2820 Galvez Avenue
Fort Worth, Texas 76111

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 688-9586

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Phyllis W Allen

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2707 Ennis Avenue
Fort Worth, Texas 76111

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 999-7887

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500
limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

05 / 02 / 13

06 / 30 / 13

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Ft. Worth City Council
District 8

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

☐ GENERAL

☐ SPECIFIC

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

\$ 250.00

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

\$ 8,150.00

EXPENDITURE TOTALS

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

\$ 2,817.00

4. TOTAL POLITICAL EXPENDITURES

\$ 12,490.24

CONTRIBUTION BALANCE

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

\$ 5,218.35

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[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 15th day of July, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Mary J Kayser
Printed name of officer administering oath

City Clerk
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:

1 of 3

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/6/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert D. Benda

6 Contributor address; City; State; Zip Code

608 Paint Pony Trl N.
Fort Worth, Texas 76108

7 Amount of contribution (\$)

1,000.00

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

5/6/13

Full name of contributor

☐ out-of-state PAC (ID#)

Greater F.W. Real Estate Council PAC

Contributor address; City; State; Zip Code

301 Commerce St. 2400
Fort Worth, Texas 76102

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

Hammer & Nails Club

Contributor address; City; State; Zip Code

100 E. 15th St. 600
Fort Worth, 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

5/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Neiskell

Contributor address; City; State; Zip Code

5601 Bridge St., Ste 220
Fort Worth, Texas 76112

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

5/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

Glenn A. Miller

Contributor address; City; State; Zip Code

2619 Ridgemoor Court
Arlington, Texas 76016

Amount of contribution (\$)

1,000.00

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 3

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/10/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

John Jenkins

6 Contributor address; City; State; Zip Code

6723 Smallwood
Arlington, Texas 76001

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

6/28/13

Full name of contributor

☐ out-of-state PAC (ID#)

Wanda Conlin

Contributor address; City; State; Zip Code

1755 Martel Avenue
Fort Worth, Texas 76103

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

6/28/13

Full name of contributor

☐ out-of-state PAC (ID#)

Jerry L. Barton

Contributor address; City; State; Zip Code

3512 Stone Creek Lane S.
Fort Worth, Texas 76137

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

6/28/13

Full name of contributor

☐ out-of-state PAC (ID#)

John V. Roach

Contributor address; City; State; Zip Code

2805 Alton Road
Fort Worth, Texas 76109

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

6/28/13

Full name of contributor

☐ out-of-state PAC (ID#)

Hinebarger, Grogan Blair

Contributor address; City; State; Zip Code

100 Throckmorton #300
Fort Worth, Texas 76102

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

(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:

3 of 3

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/29/13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kelly Hart PAC

6 Contributor address; City; State; Zip Code

201 Main St., Ste. 2500
Fort Worth, Texas 761027 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

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)

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**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: <u>1 of 9</u>		2 FILER NAME <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/3/13</u>		5 Payee name <u>Chase Bank</u>			
6 Amount (\$) <u>1,500.00</u>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Poll workers</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/3/13</u>		Payee name <u>Clark, John</u>			
Amount (\$) <u>250.00</u>		Payee address; City; State; Zip Code <u>5616 Houghton Ave</u> <u>Fort Worth, Texas 76107</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/3/13</u>		Payee name <u>Frances Crawford</u>			
Amount (\$) <u>250.00</u>		Payee address; City; State; Zip Code <u>4228 Reed St.</u> <u>Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/3/13</u>		Payee name <u>Carrie M. Green</u>			
Amount (\$) <u>250.00</u>		Payee address; City; State; Zip Code <u>4208 Wilhelm</u> <u>Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
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	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: 2 of 9	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/3/13	5 Payee name Mary Davidson
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 6901 Windward Way Forest Hill, Texas 76140
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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)
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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 5/3/13	Payee name Dorothy Carey
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Amount (\$) 250.00	Payee address; City; State; Zip Code 4133 Burke Road Fort Worth, Texas 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)
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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 5/6/13	Payee name Metro Mailer
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Amount (\$) 2,395.38	Payee address; City; State; Zip Code 5719 E. Rosedale, Ste 809 Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)
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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 5/6/13	Payee name Kimberly Russell
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Amount (\$) 125.00	Payee address; City; State; Zip Code 3704 Moberly Fort Worth, Texas 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)
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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

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: <u>3 of 9</u>	2 FILER NAME <u>Allen Gray, Kelly</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>5/8/13</u>	5 Payee name <u>Chase Bank</u>	
6 Amount (\$) <u>1,000.00</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Pollworkers</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>5/8/13</u>	Payee name <u>Albertsons</u>	
Amount (\$) <u>172.29</u>	Payee address; City; State; Zip Code <u>850 E Loop 820 Fort Worth, Texas 76112</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>5/9/13</u>	Payee name <u>Bosham Woods</u>	
Amount (\$) <u>183.09</u>	Payee address; City; State; Zip Code <u>5409 Hemphill St. Fort Worth, Texas 76115</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>5/10/13</u>	Payee name <u>Chase Bank</u>	
Amount (\$) <u>190.00</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Contract Labor</u>	Description (If travel outside of Texas, complete Schedule T) <u>Pollworker</u>
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	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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 of 9	Allen Gray, Kelly	
4 Date	5 Payee name	
5/10/13	Johnnie Johnson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
250.00		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
Event Expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
5/10/13	Carolyn Martin	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	2707 Ennis Avenue Fort Worth, Texas 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
Contract Labor		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
5/10/13	Frances Crawford	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	4228 Reed St. Fort Worth, Texas 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
Contract Labor		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
5/10/13	Dorothy Carey	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	4133 Burke Road Fort Worth, Texas 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
Contract Labor		
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	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: <u>5</u>		2 FILER NAME: <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)			
4 Date: <u>5/10/13</u>		5 Payee name: <u>Carrie Green</u>					
6 Amount (\$): <u>200.00</u>		7 Payee address; City; State; Zip Code: <u>4208 Wilhelm</u> <u>Ft Worth, Texas 76119</u>					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
Date: <u>5/10/13</u>		Payee name: <u>Mary Davidson</u>					
Amount (\$): <u>240.00</u>		Payee address; City; State; Zip Code: <u>6901 Windward Way</u> <u>Forest Hill, TX 76140</u>					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
Date: <u>5/10/13</u>		Payee name: <u>John Clark</u>					
Amount (\$): <u>200.00</u>		Payee address; City; State; Zip Code: <u>5616 Houghton Ave</u> <u>Ft Worth TX 76107</u>					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
Date: <u>5/10/13</u>		Payee name: <u>Kimberly Russell</u>					
Amount (\$): <u>125.00</u>		Payee address; City; State; Zip Code: <u>3704 Moberly</u> <u>Ft Worth, TX 76119</u>					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
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: <u>6 of 9</u>		2 FILER NAME: <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>5/11/13</u>		5 Payee name: <u>Spec's Wine Spirits</u>			
6 Amount (\$): <u>168.89</u>		7 Payee address; City; State; Zip Code: <u>1600 Eastchase Pkwy Fort Worth, TX 76120</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): <u>Event Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <u>5/13/13</u>		Payee name: <u>Oliver Garden</u>			
Amount (\$): <u>272.26</u>		Payee address; City; State; Zip Code: <u>4700 SW Loop 820 Fort Worth, Texas 76109</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <u>5/13/13</u>		Payee name: <u>Chase Bank</u>			
Amount (\$): <u>400.00</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T): <u>Poll workers</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <u>5/13/13</u>		Payee name: <u>Alexander Davis</u>			
Amount (\$): <u>250.00</u>		Payee address; City; State; Zip Code: <u>4917 Old Mansfield Road Fort Worth, TX 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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: 7 of 9		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 5/13/13		5 Payee name: Carolyn Martin			
6 Amount (\$): 250.00		7 Payee address; City; State; Zip Code: 2707 Ennis Avenue Fort Worth, TX 76111			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 5/14/13		Payee name: William Leslie			
Amount (\$): 250.00		Payee address; City; State; Zip Code: 1225 E. Leuda St. Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 5/14/13		Payee name: Carrie Holbert			
Amount (\$): 250.00		Payee address; City; State; Zip Code: 2911 La Salle St. Fort Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 5/24/13		Payee name: Norma Marshall			
Amount (\$): 300.00		Payee address; City; State; Zip Code: 2817 E. 4th St. Fort Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
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: 8 of 9		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/13		5 Payee name Patricia Elkins			
6 Amount (\$) 170.00		7 Payee address; City; State; Zip Code			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/13/13		Payee name Kwik Kopy			
Amount (\$) 344.82		Payee address; City; State; Zip Code 1850 Handley Drive Fort Worth, 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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/13/13		Payee name USPS			
Amount (\$) 138.00		Payee address; City; State; Zip Code Downtown Station Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/18/13		Payee name Hawk Electronics			
Amount (\$) 226.20		Payee address; City; State; Zip Code 6411A Camp Bowie Blvd Fort Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Cellphone Replacement	
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: 908/9	2 FILER NAME Allen Gray, Kelly	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/20/13	5 Payee name Michael's Stone #1160
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6 Amount (\$) 178.61	7 Payee address; City; State; Zip Code 359 Carroll St. Fort Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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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 6/21/13	Payee name Hotel Trinity
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Amount (\$) 860.00	Payee address; City; State; Zip Code 2000 Beach Street Fort Worth, TX 76103
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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