	TE / OFFICEHOLDI N FINANCE REPOI	OFFICIAL RECORD	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this	form. (Ethics Commission Filers)	2 Total pages/filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MLAS. Kelly NICKNAME WAST MICHAELE MS/MRS/MR Kelly MARS/MR MRS/MR MRS/MRS/MR MRS/MR MRS/MR MRS/MR MRS/M	MI SUFFIX	OFFICE USE ONLY Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS IPOBOX. APTISUITE*. 2820 Galvez Avenu. Fort Worth, Texas	CITY: STATE, ZIP CODE	Date Hand delivered or Past in Fried Receipt # Age of
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-9586	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MBS/MR MS, Phyllis NICKNAME Allen	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	2707 Enris Avenu Fort Worth, Trex	r/surre#, city; state:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 999-7887	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year DS / 02 / 13	HROUGH 06 /30	/13
11 ELECTION	Month Day Year ELECTION Print	RTYPE Runoff	General Special
12 OFFICE	H. Worth City Cour District 8	13 OFFICE SOUGHT (if known	n)
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	len Gra	y Kully	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	DE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
•	COMMITTEE TYPE		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	The same of the sa	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8.150.10
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		11ZED \$ 2,817. 00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,490.24
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 5 ,218.35
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIA ON ANY	POSICE DE LA CONTRACTOR	is true and correct and includes all me under the 15, Flection Code.	perjury, that the accompanying report information required to be reported by didate or officeholder
Sworn to and subs		me, by the said Kelly allmb	, this the
15th day	211	15.0	ny hand and seal of office.
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAM	En Gray Kelly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/6/13	Fort Worth, Texas 76108	7 Amount of secription (if application) (If travel outside of Texas, complete Schedule
9 Principal occ	cupation / Job title (See Instructions) 10 Empl	oyer (See Instructions)
5/4//3	Greater FW Real Estate Council F. Contributor address; City: State: Zip Code 301 Commerce Ste. 2400 Fort Worth, Turas 76102	1,000.00
Principal occ		(If travel outside of Texas, complete Schedule oyer (See Instructions)
5/3//3	Hunner + Mails Club Contributor address: City: State: Zip Code In Worth, TX 76/02	Amount of contribution (\$) In-kind contribution description (if application) 250.60 (If travel outside of Texas, complete Schedule
Principal occ		oyer (See Instructions)
5/3/12	Full name of contributor out-of-state PAC (ID# Mile Neiskell Contributor address; City; State; Zip Code 5601 Bridge St., Ste 120	Amount of In-kind contribution (\$) description (if application)
7 9/13	Fortworth, Texas 76112	
Principal occ	Fortworth, Treylas 76112	(If travel outside of Texas, complete Schedule oyer (See Instructions)
Principal occ	Fortworth, Treylas 76112	(If travel outside of Texas, complete Schedule
Principal occ Date 5/3//3	Fortworth, Treylas 76112	(If travel outside of Texas, complete Schedule

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruct	ion Guide explains how to complete	this form.	1 Total pages Sch	redule A:
2 FILER NAME G	ray Kelly		3 ACCOUNT # (E	(thics Commission Filers)
	name of contributor out-of-state PAC hy Denkins tributor address; City; State; Zip C 23 Smallwood ington, Tuylas 7 le	Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Principal occupation / J	ob title (See Instructions)	10 Employer (See	Instructions)	
1/28/13 Was	name of contributor out-of-state PAC I da Conlin tributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; C	code	Amount of contribution (\$)	In-kind contribution description (if applicable)
tor	tworth, Texas 76	105	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / J	ob title (See Instructions)	Employer (See	Instructions)	
1 //	name of contributor out-of-state PAC ry L. Barton tributor address; City; State; Zip C 2. Stone Crek La		Amount of contribution (\$)	In-kind contribution description (if applicable)
70	Worth, Tuxas 76		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Jo	bb title (See Instructions)	Employer (See		i lexas, complete ou lequie 1)
Date Juli	name of contributor out-of-state PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/13 280 For	tributor address: ety: State: Zip of Alten Koad Worth, Tufas 761		250. N	of Texas, complete Schedule T)
	ob title (See Instructions)	Employer (See	nstructions)	
Date Full Line Con 100 701	name of contributor out-of-state PAC, barger Googan Blair tributor address; dity; state; zip of Throckmonton #30 Worth Texas 7600	O'Ode	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Jo	ob title (See Instructions)	Employer (See I		i ionos, sompano ouridado II
	27.21(2.71)	11 / 522 22 22		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

100	he Instruction Guide explains how to complete	this form.	1 Total pages Sch	nedule A:
alle	n Gray Kelly		3 ACCOUNT # (E	thics Commission Filers)
Date /29/13	5 Full name of contributor out-of-state PAC(IE) Kelly Hart PAC 6 Contributor address: City; State; Zip Co 201 Main St., Ste. 2500 Fort Worth, Tuxas The		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable appli
Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
			(if travel outside of	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable
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Date Principal occ	Cupation / Job title (See Instructions) Full name of contributor	Employer (See In	Amount of contribution (\$) (If travel outside constructions) Amount of contribution (\$)	In-kind contribution description (if applicable description (if applicable f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District 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: FILER NAME 3 ACCOUNT # (Ethics Commission Filers) e address: Zip Code State; (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH State; Zip Code Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date State; Zip Code Description (If travel outside of Texas, complete Schedule T) PURPOSE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Office sought

Advertising Expense	Gift/Awards/Memorials Expense	E CATEGORIES FOR BOX 8(The second of th	2.7
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250.10	4/33 Burke Koad	Signe: Zip Code 5 76/19		
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PURPOSE OF EXPENDITURE	Contract Labor	op or mis scriedure) Descriptio	n (If travel outside of Texas, complete So	chedule T)
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	EXPENDITURE C	ATEGORIES FO	OR BOX 8(a)	
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	The Instruction Guide e	xplains how to cor	mplete this form.	
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4 Date 8/13	5 Chese Bank	1		
6 Amount (\$) /, M.D.	7 Payee address; City; State	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Sategory (See categories listed at the top of	this schedule) (b	Pollwor	rivel outside of Texas, complete Schedule T)
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Deta / /	Dading name			
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Africylnt (\$) 172.29	Payee address: City, State 850 E LOOP 820 904 Worth, Treylas	76/12		
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PURPOSE OF EXPENDITURE	Event Expense	this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Giff/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIE: Salaries/Wages// Solicitation/Fund Travel In District Travel Out Of Di Office Overhead	Contract Labor raising Expense strict (Rental Expense	Loan Repayment Transportation Ec Contributions/Dor Candidate/Off OTHER (enter a	uipment & Related Expense
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8 PURPOSE OF EXPENDITURE	(a) Category (She categories listed at the to		(b) Description	(If travel outside of Tex	cas, complete Schedule T)
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Andount (S)	Hayee address: Toity: S 4133 Burke Road Fort Worth Turke	tate; Zip Code			
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P.O. Box 12070

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 Contributions/Donations Made By Candidate/Officeholder/Political (OTHER (enter a category not listed	Committee
4 Total assess Cabada 5	1-7	de explains how to complete this i		
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5/10//3	Carrie Green			
6 Anhount (\$) 20.10	7 Hayee address: he City: 5 4208 Wilhelm Fort Worth, Tuy	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Contract Labor	(b) Descriptio	n (If travel outside of Texas, complete Schedule) T)
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this f	Loan Repayment/Reimbursen Transportation Equipment & R Contributions/Donations Made Candidate/Officeholder/Po OTHER (enter a category not	elated Expense By litical Committee
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6 Anhount (\$) /68.89	7 Payee address; City: St 1600 East Chase Int Worth, TR	Tel 20		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b) Description	(If travel outside of Texas, complete S	Schedule T)
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Amough (5)	4917 Old Wanst Fort Worth, TX 76	red Koad		
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
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Date 6/14/13	William Lestie). <u> </u>	
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5/24/13	Horma Marshall		
Amount (5)	Payee address: US City: St 2817 E. 44 St Port Worth TX 76	ate; Zip Code	
PURPOSE OF EXPENDITURE	Event Expense	p of this schedule) Description	(If travel outside of Texas, complete Schedule T)
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344. 82	1850 Handley Dr. 70 Tort Worth, TX 71	tate; Zip Code LU LU LU LU LU LU LU LU LU L		
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P.O. Box 12070

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9019	allen Gray Kel	ly	1 2 22	
6/20/13	Michaels Stone	#/140	<i>^</i>	
6 Amount (\$) 178.61	7 Payee address; City: St. 359 Carroll St. 7 Tx 7	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule) (b) Descr	iption (Iftravel outside	of Texas, compléte Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office	sought	Office held
Date 4/21/13	Payee name			
Armount (S)	Payee address; City: St. 2000 Beach Street Free Fort Worth, TX 76/	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Event Expense	o of this schedule) Descr	iption (If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descri	ption (If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office	sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descri	ption (If travel outside o	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office	sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDUL	E AS NEEDED	