

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:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Kelly Allen Gray

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ change of address

2820 Galvez Avenue, Ft. Worth
Texas 76111

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
Ft. 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

3 / 31 / 15

THROUGH

Month

Day

Year

4 / 29 / 15

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 19 / 15

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Fort 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 Filer's)****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 pages**17 CONTRIBUTION
TOTALS**

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

\$ 100.00

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

\$ 8,950.00

**EXPENDITURE
TOTALS**

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

\$ 2,022.83

4. TOTAL POLITICAL EXPENDITURES

\$ 6,948.88

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

\$ 15,687.01

**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.

Alison Tidwell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Allen Gray*, this the *30th* day of *April*, 20 *15*, to certify which, witness my hand and seal of office.*Alison Tidwell*

Printed name of officer administering oath

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 4	
2 FILER NAME Allen Gray Kelly		3 ACCOU # # (Ethics Commission Filers)	
The instruction guide explains how to complete this form.			
4 Date: 4/10/15	5 Full name of contributor Betsy Price Campaign	6 Contributor address: P.O. Box 1006 Port Loblake, TX 76185	7 Amount of contribution (\$): 500.00
		8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: 4/6/15	Full name of contributor Moses Davis	Amount of contribution (\$): 300.00	In-kind contribution description (if applicable)
Contributor address: 5501 Starnel Dr. Port Loblake, TX 76134			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 4/10/15	Full name of contributor Richard A. Gray for	Amount of contribution (\$): 500.00	In-kind contribution description (if applicable)
Contributor address: 4305 MacArthur Avenue Dallas, Texas 75209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 4/10/15	Full name of contributor Michael L. Carter	Amount of contribution (\$): 500.00	In-kind contribution description (if applicable)
Contributor address: 4305 MacArthur Avenue Dallas, TX 75209			
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 4

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Roger D. Woodard

6 Contributor address: City: State: Zip Code

5633 Granada Drive

Fort Worth, TX 76119

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/15

Full name of contributor

☒ out-of-state PAC (ID# _____)

Charlie & Stephanie Spurr

Contributor address: City: State: Zip Code

3575 Sycamore School Road #148

At. Worth, TX 76133

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

QPAAC

Contributor address: City: State: Zip Code

301 Commerce St. Ste 3200

Fort Worth, TX 76102

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kasey S. Pires

Contributor address: City: State: Zip Code

3700 Country Club Circle

Fort Worth, TX 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Lucille G. Key

Contributor address: City: State: Zip Code

PO Box 163127

Fort Worth, Texas 76161

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

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 4**

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/20/15

*Greater Full Service of Realtors PAC
Contributor address: City: State: Zip Code
2608 Farkness Drive
Fort Worth, TX 76102*

1,000.00

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)

4/24/15

*Wynness B. Ware
Contributor address: City: State: Zip Code
6832 Warwick Hills Dr.
Fort Worth, TX 76132*

200.00

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)

4/24/15

*Greater Full Real Estate PAC
Contributor address: City: State: Zip Code
301 Commerce St, Ste 2400
Fort Worth, TX 76102*

500.00

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)

4/22/15

*Conservative Values Forum
Contributor address: City: State: Zip Code
1144 Service Trail
Hurst, TX 76053*

500.00

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)

4/22/15

*Don E. Lawrence
Contributor address: City: State: Zip Code
2808 Farkness Lane
Fort Worth, TX 76107*

2,500.00

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 of 4**

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/28/15

James W. Schell

Contributor address: City: State: Zip Code

250.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/29/15

Frances McElathay

Contributor address: City: State: Zip Code

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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
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 FILER NAME

3 ACCOUNT # (Ethics Commission Filer)

4 Date

5 Payee name

6 Amount (\$)

Payee address: City: State: Zip Code

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)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

(See categories listed at the top of this schedule)

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

Payee name

Amount (\$)

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

(See categories listed at the top of this schedule)

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

Payee name

Amount (\$)

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

(See categories listed at the top of this schedule)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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: 209		2 FILER NAME: Allen Gray Kelly		3 ACCOUNT # (Ethics Commission Filers)																									
4 Date: 4/1/15		5 Payee name: Mark L. Davidson																											
6 Amount (\$): 200.00		7 Payee address: 6900 W. Lakeside Blvd Forest Hill TX 76140 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) Phone Bank Worker Check if Austin, TX, officeholder living expense																									
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																													
<table border="1"> <tr> <td>Date: 4/9/15</td> <td>Payee name: Carrie Green</td> <td colspan="4"></td> </tr> <tr> <td>Amount (\$): 100.00</td> <td>Payee address: 4088 Wilshire Ft. Worth TX 76119 City: State: Zip Code</td> <td colspan="4"></td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Contract labor</td> <td colspan="4">Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6">Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held</td> </tr> </table>						Date: 4/9/15	Payee name: Carrie Green					Amount (\$): 100.00	Payee address: 4088 Wilshire Ft. Worth TX 76119 City: State: Zip Code					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 Check if Austin, TX, officeholder living expense				Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date: 4/9/15	Payee name: Carrie Green																												
Amount (\$): 100.00	Payee address: 4088 Wilshire Ft. Worth TX 76119 City: State: Zip Code																												
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 Check if Austin, TX, officeholder living expense																											
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																													
<table border="1"> <tr> <td>Date: 4/9/15</td> <td>Payee name: Anthony Green</td> <td colspan="4"></td> </tr> <tr> <td>Amount (\$): 100.00</td> <td>Payee address: 4333 Burke Rd Ft. Worth TX 76119 City: State: Zip Code</td> <td colspan="4"></td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Contract labor</td> <td colspan="4">Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6">Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held</td> </tr> </table>						Date: 4/9/15	Payee name: Anthony Green					Amount (\$): 100.00	Payee address: 4333 Burke Rd Ft. Worth TX 76119 City: State: Zip Code					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 Check if Austin, TX, officeholder living expense				Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date: 4/9/15	Payee name: Anthony Green																												
Amount (\$): 100.00	Payee address: 4333 Burke Rd Ft. Worth TX 76119 City: State: Zip Code																												
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 Check if Austin, TX, officeholder living expense																											
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																													
<table border="1"> <tr> <td>Date: 4/9/15</td> <td>Payee name: Francis Crawford</td> <td colspan="4"></td> </tr> <tr> <td>Amount (\$): 100.00</td> <td>Payee address: 4338 Road St. Ft. Worth TX 76119 City: State: Zip Code</td> <td colspan="4"></td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See categories listed at the top of this schedule) Contract labor</td> <td colspan="4">Description (If travel outside of Texas, complete Schedule T) Phone Bank Worker Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6">Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held</td> </tr> </table>						Date: 4/9/15	Payee name: Francis Crawford					Amount (\$): 100.00	Payee address: 4338 Road St. Ft. Worth TX 76119 City: State: Zip Code					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 Check if Austin, TX, officeholder living expense				Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date: 4/9/15	Payee name: Francis Crawford																												
Amount (\$): 100.00	Payee address: 4338 Road St. Ft. Worth TX 76119 City: State: Zip Code																												
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 Check if Austin, TX, officeholder living expense																											
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held																													
<p>Complete ONLY if direct expenditure to benefit C/OH</p> <p>Candidate / Officeholder name</p> <p>Office sought</p> <p>Office held</p>																													

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	William Gray Kelly	
4 Date 4/9/15	5 Payee name Anna Clark	
6 Amount (\$) 160.00	Payee address: 5616 Thompson Dallas TX 75207 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) 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 4/9/15	Payee name Mary Davidson	
Amount (\$) 160.00	Payee address: 4901 Windward Way Forest Hill TX 76140 City: State: Zip Code	
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 4/9/15	Payee name Elmer Sanchez Grande	
Amount (\$) 103.00	Payee address: 1400 N Main St. Dallas TX 75206 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Expense	Description (If travel outside of Texas, complete Schedule T) Lunch for Phone Bank <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 4/2/15	Payee name Dadley Duck's	
Amount (\$) 102.07	Payee address: 333 Mockemore St. Dallas TX 75202 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Expense	Description (If travel outside of Texas, complete Schedule T) Campaign 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
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Fees

Gift/Awards/Memorials Expense
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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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/15		5 Payee name William Gray, Kelly			
6 Amount (\$) 100.00		Payee address: Historic T.M. Terrell High School - Ft. Worth 940 TE 1604 City: State: Zip Code			
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) Booklet Ad <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 4/10/15					
Amount (\$) 150.00		Payee name Alchya Thata Signe			
		Payee address: P.O. Box 634 Ft. Worth, TX 76102 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift		Description (If travel outside of Texas, complete Schedule T) Letter Souvenir Booklet <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 4/14/15					
Amount (\$) 1,358.66		Payee name Athena Mueller			
		Payee address: 5719 E. Roseade St., Ste 809 Ft. Worth, TX 76112 City: State: Zip Code			
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 Mueller <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 4/15/15					
Amount (\$) 160.00		Payee name Dorothy Gray			
		Payee address: 4333 Burke Road Ft. Worth, TX 76119 City: State: Zip Code			
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

Advertising Expense
Accounting/Banking
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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: 3 of 7	2 FILER NAME Allen Gray Kelly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/15/15	5 Payee name John Clark	
6 Amount (\$) 160.00	7 Payee address: 5416 Houghton Ave Austin, TX 78747	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) Phone Bank Worker 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 4/15/15	Payee name Mary L. Davidson	
Amount (\$) 300.00	Payee address: 6901 Windward Way Forest Hill, TX 76148	City: State: Zip Code
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 Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/15/15	Payee name Francis Cravath	
Amount (\$) 160.00	Payee address: 4328 Pearl St. Austin, TX 78719	City: State: Zip Code
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 Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/15/15	Payee name Carrie Green	
Amount (\$) 160.00	Payee address: 4308 Wilshire Austin, TX 78719	City: State: Zip Code
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 Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<p>Complete ONLY if direct expenditure to benefit C/OH</p> <p>Candidate / Officeholder name</p> <p>Office sought Office held</p>		
<p>Complete ONLY if direct expenditure to benefit C/OH</p> <p>Candidate / Officeholder name</p> <p>Office sought Office held</p>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/15		5 Payee name Allen Gray Kelly			
6 Amount (\$) 112.32		7 Payee address: 3851 Airport Freeway Ft. TX Hall		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Spends for Phone Bank	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 4/22/15		Payee name John Clark			
Amount (\$) 160.00		Payee address: 5616 Houghton Ave Ft. TX Hall		City: State: Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 4/22/15		Payee name Curtis Green			
Amount (\$) 160.00		Payee address: 4208 Wilshire Ft. TX Hall		City: State: Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 4/22/15		Payee name Mary Davidson			
Amount (\$) 200.00		Payee address: 1690 W. Industrial Way Ft. TX Hall		City: State: Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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