

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH instruction sheet explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000001

**2 PAGE #**  
1 of 18

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR Mrs. FIRST KELLY MI  
NICKNAME LAST ALLEN GRAY SUFFIX

**OFFICE USE ONLY**



**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2820 GALVEZ FORT, TX 76111

Change of Address

Receipt # Amount  
Date Processed  
Date Imaged

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR Mr. FIRST JOHNNIE MI  
NICKNAME LAST WELBORNE SUFFIX

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
301 WOODHAVEN DRIVE DESOTO, TX 75115

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(469) 831-0801

**8 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)

**9 PERIOD COVERED**

Month Day Year Month Day Year  
02/15/2012 THROUGH 04/02/2012

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
05/12/2012 MBZ

**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

CITY COMMISSION District 08

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME ALLEN GRAY, KELLY (Mrs.)

14 ACCOUNT # (Ethics Commission filers)  
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 3,163.16

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,163.16

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 42.83

4. TOTAL POLITICAL EXPENDITURES \$ 6,774.16

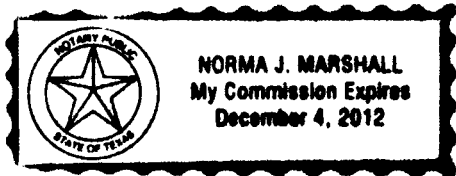
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,839.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT



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

*Kelly Allen Gray*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Allen Gray* this the *12<sup>th</sup>* day of *April*, 20 *12*, to certify which, witness my hand and seal of office.

*Norma Marshall*  
Signature of officer administering oath

NORMA MARSHALL  
Print name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/18	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ASHLEY, MARIBETH  6 Contributor address; City; State; Zip Code 2344 MEDFORT CT FORT WORTH, TX 76109	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ASHLEY, MARIBETH  Contributor address; City; State; Zip Code 2344 MEDFORT CT FORT WORTH, TX 76109	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BERNETT, DUFFY  Contributor address; City; State; Zip Code 3001 CHENAULT FORT WORTH, TX 76111	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOYD, EALY (Mr.)  Contributor address; City; State; Zip Code 3600 CRENSHAW FORT WORTH, TX 76105	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAGER, DONALD  Contributor address; City; State; Zip Code 4100 ARAGON FORT WORTH, TX 76133	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/18	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/19/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRAWFORD, JULIE  6 Contributor address; City; State; Zip Code 6700 OAK HILL DRIVE FORT WORTH, TX 76132	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY  Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GRAY, BILLY  Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUILLORY, CYNTHIA  Contributor address; City; State; Zip Code PO BOX 15320 FORT, TX 76119	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HANDLEY, ERMA  Contributor address; City; State; Zip Code 2362 FAETT COURT FORT WORTH, TX 76119	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/18	
2 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE  6 Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAWKINS, VATRICE  Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRAMPVITZ, THOMAS  Contributor address; City; State; Zip Code 3420 POTOMAC FORT WORTH, TX 75206	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MACK, H.R.  Contributor address; City; State; Zip Code 6402 RUFFE SNOW FORT WORTH, TX 76148	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PARKS, ROCHIEA (Ms.)  Contributor address; City; State; Zip Code 3104 E. 12TH STREET FORT WORTH, TX 76111	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/18

2 FILER NAME ALLEN GRAY, KELLY (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/19/2012

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
TEXAS DEMOCRATIC PARTY

6 Contributor address; City; State; Zip Code  
505 W. 12 STREET  
SUITE 200  
AUSTIN, TX

7 Amount of contribution (\$)

\$450.00

8 In-kind contribution description (if applicable)  
VOTER FILE ACCESS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/15/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
TIMBERLAKE, JOYCE (Ms.)

Contributor address; City; State; Zip Code  
3600 GRADY  
FORT WORTH, TX 76119

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

03/01/2012

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
WALKER, TERRY

Contributor address; City; State; Zip Code  
2608 TIMBERLINE DRIVE  
FORT WORTH, TX 76119

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)



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 1/10 Report: 8/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/15/2012	<b>5</b> Payee name CAREY, DOROTHY
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<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name CAREY, DOROTHY
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4133 BURKE ROAD FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/27/2012	Payee name CHASE BANK
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Amount (\$) \$33.50	Payee address City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 2/10 Report: 9/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/22/2012	<b>5</b> Payee name CITY OF FORT WORTH
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 1000 THROCKMORTON STREET FORT WORTH, TX 76102
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN FILING FEES
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name CLARK, JOHN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5616 HOUGHTON AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 3/10 Report: 10/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/15/2012	<b>5</b> Payee name DAVIDSON, MARY
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/22/2012	Payee name DAVIDSON, MARY
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/29/2012	Payee name DAVIDSON, MARY
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6901 WINDWARD WAY FORT WORTH, TX 76140
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/29/2012	Payee name DAVIS, ALEX
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Amount (\$) \$20.00	Payee address City; State; Zip Code 4917 OLD MANSFIELD FORT WORTH, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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**

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 4/10 Report: 11/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/22/2012	<b>5</b> Payee name FIVE STAR STUDIOS OF TEXAS & MEDIA
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<b>6</b> Amount (\$) \$378.88	<b>7</b> Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE UNIT 100 EULESS, TX 76040
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/24/2012	Payee name FORT WORTH ASSOCIATION OF FEDERATED WOMEN
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Amount (\$) \$35.00	Payee address City; State; Zip Code 1933 LONGHORN TRAIL CROWLEY, TX 76036
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN SUPPORT EVENT
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2012	Payee name GOLDEN, JACK
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Amount (\$) \$110.00	Payee address City; State; Zip Code 736 WEST CHERYL AVENUE HURST, TX 76053
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/15/2012	Payee name GREEN, CARRIE
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 5/10 Report: 12/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/22/2012	<b>5</b> Payee name GREEN, CARRIE
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<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name GREEN, CARRIE
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Amount (\$) \$160.00	Payee address City; State; Zip Code 4208 WILHELM STREET FORT WORTH, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/27/2012	Payee name HOME DEPOT
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Amount (\$) \$55.00	Payee address City; State; Zip Code 1151 BRIDGEWOOD DRIVE FORT WORTH, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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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 03/09/2012	Payee name METRO PCS
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Amount (\$) \$313.16	Payee address City; State; Zip Code 3031 S FREEWAY FORT WORTH, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES
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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**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.**

<b>1 PAGE #</b> Schedule: 6/10 Report: 13/18		<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)		<b>3 ACCOUNT #</b> (TEC filers) 00000001	
<b>4 Date</b> 03/21/2012	<b>5 Payee name</b> OFFICE DEPOT				
<b>6 Amount (\$)</b> \$81.14	<b>7 Payee address</b> City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/30/2012	<b>Payee name</b> OFFICE DEPOT				
<b>Amount (\$)</b> \$9.19	<b>Payee address</b> City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN OFFICE SUPPLIES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/30/2012	<b>Payee name</b> OSCAR'S MEXICAN RESTURANAT				
<b>Amount (\$)</b> \$15.62	<b>Payee address</b> City; State; Zip Code 3408 DENTON HIGHWAY HALTOM CITY, TX 76117				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MEETING TO DISCUSS CAMPAIGN		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/15/2012	<b>Payee name</b> PARISH, EVELYN				
<b>Amount (\$)</b> \$160.00	<b>Payee address</b> City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 7/10 Report: 14/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/22/2012	<b>5</b> Payee name PARISH, EVELYN
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<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2012	Payee name PARISH, EVELYN
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Amount (\$) \$160.00	Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 03/13/2012	Payee name SIMS, DERRICK
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Amount (\$) \$1,410.50	Payee address City; State; Zip Code 1110 S. AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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 03/15/2012	Payee name SIMS, DERRICK
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Amount (\$) \$825.00	Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Expense	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.

<b>1</b> PAGE # Schedule: 8/10 Report: 15/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/15/2012	<b>5</b> Payee name SIMS, DERRICK
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<b>6</b> Amount (\$) \$270.00	<b>7</b> Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/16/2012	Payee name SIMS, DERRICK
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Amount (\$) \$143.84	Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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 03/29/2012	Payee name SIMS, DERRICK
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Amount (\$) \$36.00	Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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 03/15/2012	Payee name STATE DEMOCRATIC PARTY
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Amount (\$) \$125.00	Payee address City; State; Zip Code 3004 W. LANCASTER AVENUE FORT WORTH, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING
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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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1 PAGE #</b> Schedule: 9/10 Report: 16/18	<b>2 FILER NAME</b> ALLEN GRAY, KELLY (Mrs.)	<b>3 ACCOUNT #</b> (TEC filers) 00000001
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<b>4 Date</b> 02/22/2012	<b>5 Payee name</b> US POST OFFICE
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<b>6 Amount (\$)</b> \$47.00	<b>7 Payee address</b> City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/20/2012	<b>Payee name</b> US POST OFFICE
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<b>Amount (\$)</b> \$45.00	<b>Payee address</b> City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/21/2012	<b>Payee name</b> US POST OFFICE
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<b>Amount (\$)</b> \$45.00	<b>Payee address</b> City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/28/2012	<b>Payee name</b> US POST OFFICE
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<b>Amount (\$)</b> \$67.50	<b>Payee address</b> City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 10/10 Report: 17/18	<b>2</b> FILER NAME ALLEN GRAY, KELLY (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/29/2012	<b>5</b> Payee name US POST OFFICE
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<b>6</b> Amount (\$) \$45.00	<b>7</b> Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LETTERS TO CONSTITUENTS
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 18/18**2** FILER NAME ALLEN GRAY, KELLY (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/20/2012

**5** Name of person from whom amount is received  
CHASE BANK**8** Amount  
(\$)

\$200.00

**6** Address of person from whom amount is received; City; State; Zip CodeMEDICAL DISTRICT BRANCH  
FORT WORTH, TX 76111**7** Purpose for which amount is received

BANK PROMOTION (CASH CREDIT IN ACCT FOR OPENING NEW ACCOUNT)