0 <b>4</b> 44	VPALGAL		OLDER EPORT				<sup>00 TDD 1-800-735</sup> ОRM C/OH Sheet pg 1
THE C/0	HWORT		complete this form.	1 ACCOUNT # (Ethics Commissi 00000001	on filers)	2 PÀGE # 1 of 18	3
OFI	NDIDATE / FICEHOLDER	MS7MRS7MR Mrs.	FIRST KELLY		MI	OFFIC	CE USE ONLY
NAI	ME	NICKNAME	LAST ALLEN GRAY		SUFFIX	Date P	* EIVED
o <b>f</b> f Mai	NDIDATE / FICEHOLDER ILING DRESS Change of Address	ADDRESS / PO BOX; 2820 GALVEZ FORT, TX 7611	APT / SUITE #;	CITY; STATE:	ZIP CODE	APR CITY OF	1 2 2012 FORTWORTH SECOLIARY PR
						Receipt #	Amount
	MPAIGN EASURER	MS/MRS/MR Mr.	FIRST JOHNNIE		MI	Date Processed	1
		NICKNAME	LAST WELBORNE		SUFFIX	Date Imaged	
TRE ADD	APAIGN ASURER DRESS dence or business)	STREET ADDRESS (NO 301 WOODHA) DESOTO, TX 7	/EN DRIVE	IITE #; CITY;	STATE;	ZIP CODE	
	IPAIGN ASURER DNE	AREA CODE (469) 831-08	PHONE NUMBER	EXTENSIC	N		
REP	ORT TYPE	January 15	X 30th day before elec	tion Runoff			ter campaign treasurer t (officeholder only)
		July 15	8th day before election	on Exceede	d \$500 limit	Final report	(Attach C/OH - FR)
PERI COVI	IOD ERED	Month Day	Year	Mont	n Day	Year	
		02/15/201	THRC	UGH	04/02/201	2	
0 ELEC		ELECTION DA <sup>*</sup> Month Day 05/12/201	Year Primar	_		General	MB3 Special
OFFI	CE	OFFICE HELD (if any)	I	12 OFFICE SC CITY CC	DUGHT (if known)	District 08	
					· · · · · · · · · · · · · · · · · · ·		

Texas Ethics Commission

Signature of officer administering oath

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

### FORM C/OH COVER SHEET PG 2

13 C/OH NAME ALLE	EN GRAY, KELLY (	Mrs.)	<b>14</b> ACCOUNT # ( 00000001	Ethics Commission filers
15 NOTICE FROM	I have been made with	ptice of political expenditures by political committees to support the canout the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures.	andidate / officeholder. The test and officeholders are	nese expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>	
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	·····	
additional pages			in the	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		· · · · · · · · · · · · · · · · · · ·
16 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	S. \$	3,163.16
	2. TOTAL P (OTHER	OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<b>9</b> 363.16
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	42.83
	4. TOTAL P	OLITICAL EXPENDITURES	\$	6,774.16
CONTRIBUTION BALANCE	5. TOTAL PO LAST DAY	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF THE REPORTING PERIOD	\$	2,839.00
OUTSTANDING LOAN TOTALS	6. TOTAL PF LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$	0.00
7 AFFIDAVIT				
	NORMA J. MARSHA My Commission Exp December 4, 2013	Part Alton D	f perjury, that the acco I information required	to be reported by
AFFIX NOTARY ST	AMP / SEAL ABOVE	Kill Alle- Brain	].	かた

'ORMA Print name of officer administering oath

<u>HARLI</u> Title of officer administering oath

TDD 1-800-735-2989

02/24/2012       6       Contributor address; 2344 MEDFORT CT FORT WORTH, TX 76109       City; State; Zip Code FORT WORTH, TX 76109       \$250.00         9       Principal occupation / Job title (See Instructions)       10       Employer (See Instructions)         0ate       Full name of contributor ASHLEY, MARIBETH       out-of-state PAC (ID#) Contributor address; 2344 MEDFORT CT FORT WORTH, TX 76109       Amount of contribution (\$)       In-kind contribution description (if applicable scription (if applicable (If travel outside of Texas, complete Schedule T)         04/02/2012       Contributor address; 2344 MEDFORT CT FORT WORTH, TX 76109       City; State; Zip Code 2344 MEDFORT CT FORT WORTH, TX 76109       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution		ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
2       FILER NAME       ALLEN GRAY, KELLY (Mrs.)       3       ACCOUNT #       (Elhios Commission filers)         4       Date       5       Full name of contribution       out-of-state PAC (ID#	The Instruc	TION GUIDE explains how to complete this form.			
ASHLEY, MARIBETH       contribution (s)       description (f applicable         02/24/2012       6       Contributor address; 234 MEPCART CT PORT WORTH, TX 75109       City; State; Zip Code       \$250.00         9       Principal occupation / Job title (See instructions)       10       Employer (See instructions)       m-kind contribution description (f applicable         04/02/2012       Contributor address; 2344 MEPCART CT FORT WORTH, TX 76109       City; State; Zip Code       Amount of contribution (s)       m-kind contribution description (f applicable         04/02/2012       Contributor address; 2344 MEPCART CT FORT WORTH, TX 76109       City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Im-kind contribution description (f applicable         03/21/2012       Contributor address; 200 CHEMAN, TX 76111       City; State; Zip Code       \$250.00       Im-kind contribution description (f applicable)         02/15/2012       Contributor address; 200 CHEMAN, TX 76111       City; State; Zip Code       \$20.00       Im-kind contribution description (f applicable)         02/15/2012       Contributor address; 200 CHEMAN, TX 76105       City; State; Zip Code       \$100.00       Im-kind contribution description (f applicable)         02/15/2012       Contributor address; 200 CREMSHAW FORT WORTH, TX 76105       City; State; Zip Code       \$100.00       Im-kind contrib	2 FILER NAME	E ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT #	
2344 MEDFORT CT FORT WORTH, TX 76109       2200.00   [(ftravel outside of Texas, complete Schedule T)         9       Principal occupation / Job title (See Instructions)       10 Employer (See Instructions)         Date       Full name of contributor PORT WORTH, TX 76109       Amount of contribution (S)       In-kind contribution description (ff applicable S100.00         04/02/2012       Contributor address; PORT WORTH, TX 76109       City: State: Zip Code       \$100.00         Date       Full name of contributor BERNETT, DUFFY       City: State: Zip Code       \$100.00         Date       Full name of contributor BERNETT, DUFFY       City: State: Zip Code       \$250.00         03/21/2012       Contributor address; Contributor address; City: State: Zip Code       \$250.00       In-kind contributor contribution (S)         03/21/2012       Contributor address; Contributor address; City: State: Zip Code       \$250.00       In-kind contribution (ff travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (description (if applicable)         02/15/2012       Contributor address; Contributor address; City: State: Zip Code       S100.00       In-kind contribution (description (if applicable)         02/15/2012       Contributor address; Contributor address; City: State: Zip Code       S100.00       In-kind contribution (description (if applicable) <tr< td=""><td>4 Date</td><td></td><td>D#)</td><td>7 Amount of contribution (\$)</td><td>8 In-kind contribution description (if applicable)</td></tr<>	4 Date		D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9       Principal occupation / Job title (See Instructions)       10       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (if applicable ontribution (if applicable ontribution)       In-kind contribution (if applicable ontribution)         04/02/2012       Contributor address; City: State; Zip Code       \$100.00       If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (if applicable)         03/21/2012       Contributor address; City: State; Zip Code       S250.00       In-kind contribution         03/21/2012       Contributor address; City: State; Zip Code       S250.00       In-kind contribution         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution         Date       Full name of contributor       out-of-state PAC (ID#	02/24/2012	2344 MEDFORT CT	9	\$250.00	   
Date       Full name of contributor       out-of-state PAC (ID#	Principal and				Texas, complete Schedule T)
ASHLEY, MARIBETLI       Declositie PAC (ID#		pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
2344 MEDFORT CT       Structure         Port WORTH, TX 76109       (If ravel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         03/21/2012       Contributor address; 203/21/2012       City: State: Zip Code       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution description (If applicable)         02/15/2012       Contributor address; 3600 CREMSHAW       City: State; Zip Code       \$100.00       In-kind contribution description (If applicable)         02/15/2012       Contributor address; 3600 CREMSHAW       City: State; Zip Code       \$100.00       In-kind contribution description (If applicable)         02/15/2012       Contributor address; 3600 CREMSHAW       City: State; Zip Code       \$100.00       In-kind contribution description (If applicable)         03/19/2012       Full name of contributor       out-of-state PAC (ID#	Date		D#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor BERNETT, DUFFY       out-of-state PAC (ID#) S03/21/2012       Amount of contribution (\$) 3001 CHENAULT FORT WORTH, TX 76111       In-kind contribution description (if applicable)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       If travel outside of Texas, complete Schedule T)         Date       Full name of contributor BOYD, EALY (Mr.)       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable)         02/15/2012       Contributor address; 3600 CRENSHAW FORT WORTH, TX 76105       City: State; Zip Code 3600 CRENSHAW FORT WORTH, TX 76105       Amount of contribution (\$)       In-kind contribution description (if applicable)         Date       Full name of contributor 3600 CRENSHAW FORT WORTH, TX 76105       City: State; Zip Code 3600 CRENSHAW FORT WORTH, TX 76105       Amount of contribution (\$)       In-kind contribution description (if applicable)         Date       Full name of contributor CAGER, DONALD       out-of-state PAC (ID#) Contributor address: City: State; Zip Code 4100 ARAGON FORT WORTH, TX 76133       Amount of contribution (\$)       In-kind contribution description (if applicable)         03/19/2012       Contributor address: City: State; Zip Code 4100 ARAGON FORT WORTH, TX 76133       City: State; Zip Code 4100 ARAGON FORT WORTH, TX 76133       Damount of contribution (\$)       In-kind contribution 41	04/02/2012	2344 MEDFORT CT		\$100.00	
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (ff applicable)         03/21/2012       Contributor address; City: State; Zip Code       \$250.00       \$250.00       In-kind contribution (ff applicable)         03/21/2012       Contributor address; City: State; Zip Code       \$250.00       In-kind contribution (ff applicable)         03/21/2012       Contributor address; City: State; Zip Code       \$250.00       In-kind contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution description (if applicable)         02/15/2012       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable)         02/15/2012       Contributor address; City: State; Zip Code       \$100.00       In-kind contribution (ff applicable)         02/15/2012       Contributor address; City: State; Zip Code       \$100.00       In-kind contribution (ff applicable)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (ff applicable)         03/19/2012       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (ff applicable)       In-kind contribution (ff applicable)         03/19/2012       Full name of contributor				(If travel outside of	Texas, complete Schedule T)
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3001 CHENAULT FORT WORTH, TX 76111       1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor BOYD, EALY (Mr.)       out-of-state PAC (ID#) Contributor address; 3600 CRENSHAW FORT WORTH, TX 76105       Amount of contribution (\$)       In-kind contribution description (if applicable)         02/15/2012       Contributor address; 3600 CRENSHAW FORT WORTH, TX 76105       City; State; Zip Code 3600 CRENSHAW FORT WORTH, TX 76105       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution description (if applicable)         Date       Full name of contributor CAGER, DONALD       out-of-state PAC (ID#) Contributor address; 4100 ARAGON FORT WORTH. TX 76133       Amount of contribution (\$)       In-kind contribution description (if applicable)         03/19/2012       Contributor address; FORT WORTH. TX 76133       City: State; Zip Code 4100 ARAGON FORT WORTH. TX 76133       \$100.00	Date		)#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor BOYD, EALY (Mr.)       out-of-state PAC (ID#) BOYD, EALY (Mr.)       Amount of contribution (\$)       In-kind contribution description (if applicable)         02/15/2012       Contributor address; 3600 CRENSHAW FORT WORTH, TX 76105       City: State; Zip Code 3600 CRENSHAW FORT WORTH, TX 76105       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor out-of-state PAC (ID#) CAGER, DONALD       Amount of contribution (\$)       In-kind contribution description (if applicable)         03/19/2012       Contributor address: 4 100 ARAGON FORT WORTH. TX 76133       City: State: Zip Code 4 100 ARAGON FORT WORTH. TX 76133       \$100.00       In-kind contribution (If travel outside of Texas, complete Schedule T)	03/21/2012	3001 CHENAULT		\$250.00   	
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02/15/2012       BOYD, EALY (Mr.)       In-kind contribution (S)       In-kind contribution (S)         02/15/2012       Contributor address; 3600 CRENSHAW FORT WORTH, TX 76105       City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (S)         Date       Full name of contributor CAGER, DONALD       out-of-state PAC (ID#)       Amount of contribution (S)       In-kind contribution description (if applicable)         03/19/2012       Contributor address: 4100 ARAGON FORT WORTH, TX 76133       City: State: Zip Code 4100 ARAGON FORT WORTH, TX 76133       State: Zip Code (If travel outside of Texas, complete Schedule T)		ation / Job title (See Instructions)	Employer (See In	structions)	
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Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor CAGER, DONALD       out-of-state PAC (ID#) CAGER, DONALD       Amount of contribution (\$)       In-kind contribution description (if applicable)         03/19/2012       Contributor address: 4100 ARAGON FORT WORTH. TX 76133       City: State: Zip Code 4100 ARAGON FORT WORTH. TX 76133       In-kind contribution contribution (\$)         Dringipal accuration       (If travel outside of Texas, complete Schedule T)       In-kind contribution description (if applicable)	02/15/2012	3600 CRENSHAW		 \$100.00   	
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4100 ARAGON FORT WORTH. TX 76133 (If travel outside of Texas, complete Schedule T)	Date		·)		
Principal acquiration ( lab title (0, 1, 1, 1))	03/19/2012	4100 ARAGON		 \$100.00   	
I I	Principal occupa	tion / Job title (See Instructions)	Employer (See Inst		xas, complete Schedule T)

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4       Date       S       Full name of contributor       out-of-state PAC (ID#		ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
2       FILER NAME       ALLEN GRAY, KELLY (Mrs.)       3       ACCOUNT # (Ethics Commission file 00000001         4       Date       5       Full name of contributor CRAWFORD, JULIE       out-of-state PAC (ID#)       7       Amount of Contribution (s)       8       in-kind contribution (description (if applics profile)         03/19/2012       6       Contributo address: FORT WORTH, TX 78132       City: State: Zip Code FORT WORTH, TX 78132       10       Employer (See Instructions)       1       In-kind contributor (description (if applics contributor address; FORT WORTH, TX 76111       In-kind contributor (description (if applica contributor (s)         Date       Full name of contributor GRAY, BILLY       Out-of-state PAC (ID#)       Amount of (description (if applica contributor (s))       In-kind contributor (description (if applica contributor (s))         Date       Full name of contributor GRAY, BILLY       Out-of-state PAC (ID#)       Amount of (description (if applica contributor address; 2820 GALVEZ FORT WORTH, TX 76111       In-kind contributor (description (if applica contributor address; 2820 GALVEZ FORT WORTH, TX 76111       In-kind contributor (description (if applica contributor address; 2820 GALVEZ FORT WORTH, TX 76111       In-kind contributor (description (if applica cont	The Instruc	TION GUIDE explains how to complete this form.			/4 Report: 4/18
Octoor       CRAWFORD, JULIE       Devolvation PC (ILW	2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT #	(Ethics Commission filers)
03/19/2012       Contributor address; FOR TAW HLL ORVE FORT WORTH, TX 76132       City: State; Zip Code FORT WORTH, TX 76132       S250.00         9       Principal occupation / Job title (See Instructions)       10 Employer (See Instructions)       Amount of contribution (\$)       In-kind contribution description (if applica 202/24/2012         02/24/2012       Full name of contributor 202/24/2012       Contributor address; City: State; Zip Code 2020 GALVEZ FORT WORTH, TX 76111       Contributor address; City: State; Zip Code 2020 GALVEZ FORT WORTH, TX 76111       S11,000.00         Date       Full name of contributor GRAY, BILLY       Out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contributor description (if applica 2020 GALVEZ FORT WORTH, TX 76111         Date       Full name of contributor GRAY, BILLY       Out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contributor description (if applica)         03/19/2012       Contributor address; City: State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111       Contribution (\$)       In-kind contributor description (if applica)         03/19/2012       Contributor address; FORT, TX 76119       City: State; Zip Code 2820 GALVEZ FORT, TX 76119       Amount of contribution (\$)       In-kind contribution description (if applica)         03/19/2012       Contributor address; FORT, TX 76119       City: State; Zip Code 200 FORT, TX 76119       Amount of contribution (\$)       In-kind contribution descriptica)         Date </td <td>4 Date</td> <td></td> <td>D#)</td> <td></td> <td>8 In-kind contribution description (if applicable)</td>	4 Date		D#)		8 In-kind contribution description (if applicable)
9       Principal occupation / Job title (See Instructions)       10       Employer (See Instructions)         Date       Full name of contributor GRAY, BILLY       Out-of-state PAC (ID#)       Amount of contribution (S) 2820 GALVEZ FORT WORTH, TX 76111       In-kind contributor description (If applicat 2820 GALVEZ FORT WORTH, TX 76111         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contributor (If travel outside of Texas, complete Schedule 1 (If travel outside of Texas, complete Schedule 1 2820 GALVEZ FORT WORTH, TX 76111         Date       Full name of contributor GRAY, BILLY       out-of-state PAC (ID#	03/19/2012	6 Contributor address; City; State; Zip Code 6700 OAK HILL DRIVE		. \$250.00	1 1 1
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (f application (f applicatio	• Dringing Lago		····		Texas, complete Schedule T)
GRAY, BILLY       In-kind contribution (f application (f	9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
2820 GALVEZ FORT WORTH, TX 76111       (if travel outside of Texas, complete Schedule 1 (if tra	Date		)#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor GRAY, BILLY       out-of-state PAC (ID#) (arrive outside of texas, complete Schedule T         03/19/2012       Contributor address; 2820 GALVEZ FORT WORTH, TX 76111       City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111       In-kind contribution (If travel outside of Texas, complete Schedule T         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T         Date       Full name of contributor GUILLORY, CYNTHIA       out-of-state PAC (ID#) Contributor address; PO BOX 15320 FORT, TX 76119       Amount of contribution (\$)       In-kind contribution description (If applicat contribution address; PO BOX 15320 FORT, TX 76119         Date       Full name of contributor HANDLEY, ERMA       City: State; Zip Code PO Contributor address; City: State; Zip Code S200.00       Amount of contribution (\$)       In-kind contribution description (if applicat contribution (\$)         Date       Full name of contributor HANDLEY, ERMA       Out-of-state PAC (ID#) Contributor address; City: State; Zip Code S200.00       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)	02/24/2012	2820 GALVEZ	• • • • • • • • • • • • • • • • • • • •	\$1,000.00	1 1 1
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (S)       In-kind contribution (description (if applical description (if applic				(If travel outside of	Texas, complete Schedule T)
03/19/2012       GRAY, BILLY       contribution (\$)       description (if applical \$1,000.00]         2200 GALVEZ       FORT WORTH, TX 76111       \$1,000.00]       \$1,000.00]         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (if applical description (if applical \$1,000.00]         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (if applicat \$100.00]         03/19/2012       Contributor address; PO BOX 15320 FORT, TX 76119       City; State; Zip Code PO BOX 15320 FORT, TX 76119       \$100.00]       In-kind contribution (if applicat \$100.00]         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (if applicat \$100.00]       In-kind contribution (if applicat \$100.00]         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (\$100.00]       In-kind contribution (\$100.00]         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$100.00]       In-kind contribution (\$100.00]         03/19/2012       Contributor address: City: State: Zip Code 2362 FAETT COURT FORT WORTH. TX 76119       City: State: Zip Code 2362 FAETT COURT FORT WORTH. TX 76119       \$200.00]       \$200.00]       In-kind contribution (\$100.00]       In-kind contribution (\$100.00]       In-kind cont	Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
2820 GALVEZ FORT WORTH, TX 76111       If travel outside of Texas, complete Schedule T         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor GUILLORY, CYNTHIA       out-of-state PAC (ID#) GUILLORY, CYNTHIA         03/19/2012       Contributor address; PO BOX 15320 FORT, TX 76119       City; State; Zip Code PO BOX 15320 FORT, TX 76119       \$100.00 (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.00 (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.00 (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor HANDLEY, ERMA       out-of-state PAC (ID#) (3/19/2012       Amount of contribution address; 2362 FAETT COURT FORT WORTH. TX 76119       In-kind contribution (If applicable S200.00	Date		#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor GUILLORY, CYNTHIA       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicate science)         03/19/2012       Contributor address; City; State; Zip Code PO BOX 15320 FORT, TX 76119       S100.00       In-kind contributor (for travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contributor (for travel outside of Texas, complete Schedule T)         Date       Full name of contributor I out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (\$)         Date       Full name of contributor I out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (\$)         03/19/2012       Contributor address; City: State: Zip Code       \$200.00       \$200.00       In-kind contribution (\$)         03/19/2012       Contributor address; City: State: Zip Code       \$200.00       In-kind contribution (\$)       In-kind contribution (\$)	03/19/2012	2820 GALVEZ		\$1,000.00	
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (# applicate contribution (#				(If travel outside of	Texas, complete Schedule T)
03/19/2012       GUILLORY, CYNTHIA       contribution (\$)       description (if application (if application (\$))         03/19/2012       Contributor address; City; State; Zip Code PO BOX 15320 FORT, TX 76119       \$100.00       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       (If travel outside of Texas, complete Schedule T)         Pate       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)         03/19/2012       Contributor address: City: State: Zip Code 2362 FAETT COURT FORT WORTH. TX 76119       City: State: Zip Code 3200.00       \$200.00	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	istructions)	
PO BOX 15320 FORT, TX 76119       Image: State instruction instructinstruction instructinstreading instruction instruction instructins	Date		#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       Image: out-of-state PAC (ID#)       Amount of contribution (\$)       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       \$200.00       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       \$200.00       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#) </td <td>03/19/2012</td> <td>PO BOX 15320</td> <td>• • • • • • • • • • • • • • • • • • • •</td> <td>\$100.00</td> <td></td>	03/19/2012	PO BOX 15320	• • • • • • • • • • • • • • • • • • • •	\$100.00	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       Image: out-of-state PAC (ID#)       Amount of contribution (\$)       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       \$200.00       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       \$200.00       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#)         03/19/2012       Contributor address:       City:       State:       Zip Code       Image: out-of-state PAC (ID#) </td <td></td> <td></td> <td></td> <td>(If travel outside of T</td> <td>exas, complete Schedule T)</td>				(If travel outside of T	exas, complete Schedule T)
03/19/2012 Contributor address: City: State: Zip Code \$200.00 Contributor address: City: State: Zip Code \$200.00 Contributor address: City: State: Zip Code \$200.00 Contributor address: City: State: Zip Code \$200.00	Principal occup	ation / Job title (See Instructions)	Employer (See In		
2362 FAETT COURT FORT WORTH. TX 76119	Date	Full name of contributor Dout-of-state PAC (ID#	)		In-kind contribution description (if applicable)
	03/19/2012	2362 FAETT COURT	•••••	\$200.00 <mark> </mark> 	
				(If travel as the set of	
Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Principal occupa	tion / Job title (See Instructions)	Employer (See Ins		exas, complete Schedule T)

TDD 1-800-735-2989

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE #	/4 Report: 5/18
2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor D out-of-state PAC (ID HAWKINS, VATRICE	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/21/2012	6 Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120		\$1,000.00	   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# HAWKINS, VATRICE	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120		\$500.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Dout-of-state PAC (ID# KRAMPVITZ, THOMAS	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2012	Contributor address; City; State; Zip Code 3420 POTOMAC FORT WORTH, TX 75206		\$250.00   	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor  Gout-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/20/2012	Contributor address; City; State; Zip Code 6402 RUFE SNOW FORT WORTH, TX 76148		ا   \$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2012	Contributor address; City; State: Zip Code 3104 E. 12TH STREET FORT WORTH, TX 76111		\$350.00	
			(If trave) outside of T-	exas, complete Schedule T)
			In Laver Outside of 16	skas, complete Schedule T)

Electronic Filing Version 3.4.4

TDD 1-800-735-2989

SCHEDULE A

## **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

NON GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 4/	4 Report: 6/18
ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
5 Full name of contributor Dout-of-state PAC (ID) TEXAS DEMOCRATIC PARTY	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) VOTER FILE ACCESS
6 Contributor address; City; State; Zip Code 505 W. 12 STREET SUITE 200		\$450.00	
AUSTIN, TX		(If travel outside of	' Texas, complete Schedule T)
pation / Job title (See Instructions)	10 Employer (See In		
TIMBERLAKE, JOYCE (Ms.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3600 GRADY FORT WORTH, TX 76119		\$100.00	   
		(if travel outside of	Texas, complete Schedule T)
pation / Job title (See Instructions)	Employer (See Ins		
Full name of contributor LI out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2608 TIMBERLINE DRIVE FORT WORTH, TX 76119	•••••	   \$100.00 	
		(If travel outside of 1	exas, complete Schedule T)
ation / Job title (See Instructions)			
	ALLEN GRAY, KELLY (Mrs.)  5 Full name of contributor  G Contributor address; City; State; Zip Code 505 W. 12 STREET SUITE 200 AUSTIN, TX  pation / Job title (See Instructions)  Full name of contributor  out-of-state PAC (ID# TIMBERLAKE, JOYCE (MS.)  Contributor address; City; State; Zip Code 3600 GRADY FORT WORTH, TX 76119  Full name of contributor  out-of-state PAC (ID# WALKER, TERRY  Contributor address; City; State; Zip Code 2608 TIMBERLINE DRIVE FORT WORTH, TX 76119	ALLEN GRAY, KELLY (Mrs.)         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         pation / Job title (See Instructions)       10 Employer (See In 10 Employer (See In 11 Employer (See In 12 Employer (See In 13 Employer (See In 13 Employer (See In 14 Employer (See In 15 Employer (See In 15 Employer (See In 16 Out-of-state PAC (ID#)         Full name of contributor       □ out-of-state PAC (ID#)         WALKER, TERRY       City; State; Zip Code 2608 TiMBERLINE DRIVE FORT WORTH, TX 76119	ALLEN GRAY, KELLY (Mrs.)       3 ACCOUNT #         00000001       5 Full name of contributor □ out-of-state PAC (ID#)       7 Amount of contribution (\$)         5 Full name of contributor address; City; State; Zip Code       \$450.00         505 W. 12 STREET SUITE 200       AUSTIN, TX       (If travel outside of pation / Job title (See Instructions)         Full name of contributor □ out-of-state PAC (ID#)       Amount of contributor address; City; State; Zip Code       \$10 Employer (See Instructions)         Full name of contributor □ out-of-state PAC (ID#)       Amount of contributor (\$)       \$100.00         Gond GRADY       FORT WORTH, TX 76119       (If travel outside of contributor □ out-of-state PAC (ID#))       Amount of contribution (\$)         Full name of contributor □ out-of-state PAC (ID#)       Amount of contribution (\$)       \$100.00         3600 GRADY       FORT WORTH, TX 76119       Amount of contribution (\$)         Full name of contributor □ out-of-state PAC (ID#)       Amount of contribution (\$)         KALKER, TERRY       Contributor address; City; State; Zip Code       \$100.00         Contributor address; City; State; Zip Code       \$100.00       \$100.00         Contributor address; City; State; Zip Code       \$100.00       \$100.00       \$100.00       \$100.00       \$100.00       \$100.00       \$100.00       \$100.00       \$100.00       \$100

Austin, Texas 78711-2070

LOANS				SCHEDULE E
The INSTRUCTION GUIDE explains 2 FILER NAME ALLEN GRA	s how to complete this form. Y, KELLY (Mrs.)			1 Report: 7/18 (Ethics Commission filers)
4			00000001	T
	) LOANS:	<b>ಎಎಎಎಎ</b> ಎ		\$
5 Date of Ioan 7 Name 02/24/2012 GRAY	of lender 🛛 out /, KELLY (Mrs.)	t-of-state PAC (ID#		9 Loan Amount (\$) \$500.00
financial Institution? 2820 ( FORT	r address; City; State; GALVEZ WORTH, TX 76111	Zip Code		10 Interest rate
No				11 Maturity date
12 Principal occupation / Job title (S	iee Instructions)	13 Employer (See Instruct	ions)	I
<b>14</b> Description of Collateral		15 Check if personal funds	s were deposited inte	o political account
16 GUARANTOR 17 Name of INFORMATION	of guarantor	-		19 Amount Guaranteed (\$)
IS not applicable	tor address; Ćity; State;	Zip Code		
20 Principal Occupation		21 Employer		

2070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Polling Expense Printing Expense Event Expense Travel Out Of District Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # FILER NAME 2 3 ACCOUNT # (TEC filers) ALLEN GRAY, KELLY (Mrs.) Schedule: 1/10 Report: 8/18 0000001 Date 5 Payee name 4 CAREY, DOROTHY 03/15/2012 6 Amount (\$) 7 Payee address City; State; Zip Code 4133 BURKE ROAD \$160.00 FORT WORTH, TX 76119 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/22/2012 CAREY, DOROTHY Amount (\$) Payee address City: State: Zip Code \$160.00 4133 BURKE ROAD FORT WORTH, TX 76119 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/29/2012 CAREY, DOROTHY Amount (\$) Payee address City; State; Zip Code 4133 BURKE ROAD \$160.00 FORT WORTH, TX 76119 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 02/27/2012 CHASE BANK Amount (\$) Payee address City; State; Zip Code MEDICAL DISTRICT BRANCH \$33.50 FORT WORTH, TX 76111 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense CAMPAIGN OFFICE SUPPLIES OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

to benefit C/OH

12070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Event Expense Polling Expense Printing Expense Travel Out Of District Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) ALLEN GRAY, KELLY (Mrs.) Schedule: 2/10 Report: 9/18 00000001 4 Date 5 Payee name 02/22/2012 CITY OF FORT WORTH 6 Amount (\$) Pavee address 7 City; State; Zip Code **1000 THROCKMORTON STREET** \$100.00 FORT WORTH, TX 76102 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Fees CAMPAIGN FILING FEES OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/15/2012 CLARK, JOHN Amount (\$) Pavee address City; State; Zip Code \$160.00 5616 HOUGHTON AVENUE FORT WORTH, TX 76107 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name CLARK, JOHN 03/22/2012 Amount (\$) Payee address City; State; Zip Code 5616 HOUGHTON AVENUE \$160.00 FORT WORTH, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/29/2012 CLARK, JOHN Amount (\$) Payee address City; State; Zip Code 5616 HOUGHTON AVENUE \$160.00 FORT WORTH, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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POLITIC	CAL EXPENDITUR	ES		SCHEDULE F
Advertising Exp Accountig/Bar Consulting Exp Event Expense Fees	king Legal Services ense Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fur Travel In Distri Travel Out Of [	s/Contract Labor ndraising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
1 PAGE # Schedule: 3/10		ME RAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 03/15/2012	5 Payee name DAVIDSON, MARY			
6 Amount (\$)		ty; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$200.00	6901 WINDWARD WAY FORT WORTH, TX 7614	0		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Salaries/Wages/Contract		(b) Description ( CONTRACT I	(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	e	Office soug	pht: Office held:
Date	Payee name			
03/22/2012 Amount (\$)	DAVIDSON, MARY Payee address Cit		and the second	
\$200.00	6901 WINDWARD WAY FORT WORTH, TX 76140	y; State; Zip Code )		
PURPOSE OF EXPENDITURE	Category (See Categories listed Salaries/Wages/Contract L			If travel outside of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	9	Office sough	ht: Office held:
Date	Payee name			
03/29/2012 Amount (\$)	DAVIDSON, MARY Payee address City	/; State; Zip Code		
\$200.00	6901 WINDWARD WAY FORT WORTH, TX 76140			
PURPOSE OF EXPENDITURE	Category (See Categories listed Salaries/Wages/Contract L			f travel outside of Texas, complete Schedule T) ABOR FOR CAMPAIGN SERVICES
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	it: Office held:
Date				
03/29/2012 Amount (\$)	DAVIS, ALEX Payee address City	; State; Zip Code		
\$20.00	4917 OLD MANSFIELD FORT WORTH, TX 76119	; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed a Advertising Expense	at the top of this schedule)	Description (If POLITICAL AD	travel outside of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	······································	Office sought	Coffice held:

P.O.Box 12070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

## **POLITICAL EXPENDITURES**

Advertising Exp Accounting/Bar Consulting Exp Event Expense Fees	hking Legal Services Solicitation/Func ense Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	/Contract Labor Loan Repa draising Expense Transporta t Contributic istrict Candida d/Rental Expense OTHER (e	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By ate/Officeholder/Political Committee inter a category not listed above)
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/10	Report: 11/18 ALLEN GRAY, KELLY (Mrs.)		00000001
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	0000001
02/22/2012	FIVE STAR STUDIOS OF TEXAS & MEDIA		
6 Amount (\$) \$378.88	UNIT 100 EULESS, TX 76040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outs POLITICAL ADVERTIS	side of Texas, complete Schedule T) 🔲 SING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date			
03/24/2012	FORT WORTH ASSOCIATION OF FEDERATED W	OMEN	
Amount (\$)	Payee address City; State; Zip Code		
\$35.00	1933 LONGHORN TRAIL CROWLEY, TX 76036		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE OF	Event Expense	CAMPAIGN SUPPORT	
EXPENDITURE			
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/06/2012	GOLDEN, JACK		
Amount (\$)	Payee address City; State; Zip Code		
\$110.00	736 WEST CHERYL AVENUE HURST, TX 76053		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsic	le of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	CAMPAIGN OFFICE SU	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/15/2012	GREEN, CARRIE		
Amount (\$)	Payee address City; State; Zip Code		
\$160.00	4208 WILHELM STREET FORT WORTH, TX 76119		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		e of Texas. complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

#### **Texas Ethics Commission** P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Consulting Expense Travel In District Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # FILER NAME 2 3 ACCOUNT # (TEC filers) ALLEN GRAY, KELLY (Mrs.) Schedule: 5/10 Report: 12/18 0000001 4 Date 5 Payee name 03/22/2012 GREEN, CARRIE Amount (\$) Payee address 6 7 City; State; Zip Code 4208 WILHELM STREET \$160.00 FORT WORTH, TX 76119 (a) Category (See Categories listed at the top of this schedule) 8 (If travel outside of Texas, complete Schedule T) (b) Description PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/29/2012 GREEN, CARRIE Amount (\$) Payee address City; State; Zip Code 4208 WILHELM STREET \$160.00 FORT WORTH, TX 76119 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor CONTRACT LABOR FOR CAMPAIGN SERVICES OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HOME DEPOT 03/27/2012 Amount (\$) Payee address City; State; Zip Code \$55.00 1151 BRIDGEWOOD DRIVE FORT WORTH, TX 76112 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense CAMPAIGN OFFICE SUPPLIES OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/09/2012 METRO PCS Amount (\$) Payee address City; State; Zip Code 3031 S FREEWAY \$313.16 FORT WORTH, TX 76104 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense CAMPAIGN OFFICE SUPPLIES OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure

to benefit C/OH

**POLITICAL EXPENDITURES** 

### SCHEDULE F

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Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal Services Solicitation/Fun ense Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of J	IS/Contract Labor Loan Repaindraising Expense Transporta ct Contributio District Candida d/Rental Expense OTHER (e	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By ate/Officeholder/Political Committee inter a category not listed above)
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 6/10 I 4 Date	5 Payee name		0000001
03/21/2012	OFFICE DEPOT		
6 Amount (\$) \$81.14	7 Payee address City; State; Zip Code 401 CARROL STREET FORT WORTH, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outs CAMPAIGN OFFICE S	side of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/30/2012	Payee name OFFICE DEPO <b>T</b>		
Amount (\$)	Payee address City; State; Zip Code		
\$9.19	401 CARROL STREET FORT WORTH, TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outsi CAMPAIGN OFFICE SI	ide of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/30/2012 Amount (\$)	OSCARS MEXICAN RESTURANAT		
\$15.62	Payee address City; State; Zip Code 3408 DENTON HIGHWAY HALTOM CITY, TX 76117		
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	MEETING TO DISCUSS	S CAMPAIGN
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/15/2012	PARISH, EVELYN		
Amount (\$) \$160.00	Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		e of Texas. complete Schedule T) R CAMPAIGN SERVICES
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

**POLITICAL EXPENDITURES** 

Advertising Exp Accounting/Ban Consulting Exp Event Expense Fees	king Legal Services Solicitation/Fund	Contract Labor Loa raising Expense Trar Con trict C Rental Expense OTh	n Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By andidate/Officeholder/Political Committee IER (enter a category not listed above)
1 PAGE #	2 FILER NAME		
Schedule: 7/10			3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	······	0000001
03/22/2012	PARISH, EVELYN		
6 Amount (\$) \$160.00	7 Payee address City; State; Zip Code 5305 CARRIER DRIVE FORT WORTH, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If trav CONTRACT LAB	rel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office <b>h</b> older name	Office sought:	Office held:
Date 03/29/2012	Payee name PARISH, EVELYN		
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$160.00	5305 CARRIER DRIVE FORT WORTH, TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		el outside of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/13/2012	SIMS, DERRICK		
Amount (\$)	Payee address City; State; Zip Code		
\$1,410.50	1110 S. AIRPORT CIRCLE FORT WORTH, TX 76040		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If trave	I outside of Texas, complete Schedule T)
OF	Advertising Expense	POLITICAL ADVER	RTISING
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/15/2012	SIMS, DERRICK		
Amount (\$)	Payee address City; State; Zip Code		
\$825.00	1110 S AIRPORT CIRCLE FORT WORTH, TX 76040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel POLITICAL ADVER	outside of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

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## POLITICAL EXPENDITURES

Advertising Exp Accounting/Ban Consulting Exp Event Expense Fees	king Legal Services Solicitation/Fun ense Food/Beverage Expense Travel Out of Distric Polling Expense Travel Out of D	s/Contract Labor Loan Repardraising Expense Transportai t Contribution tistrict Candida J/Rental Expense OTHER (errors)	yment/Reimbursement ion Equipment & Related Expense is/Donations Made By le/Officeholder/Political Committee ter a category not listed above)
1 PAGE # Schedule: 8/10			3 ACCOUNT # (TEC filers) 00000001
4 Date 03/15/2012	5 Payee name SIMS, DERRICK		
6 Amount (\$) \$270.00	7 Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE FORT WORTH, TX 76040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outsi POLITICAL ADVERTIS	de of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/16/2012	Payee name SIMS, DERRICK		
Amount (\$)	Payee address City; State; Zip Code		
\$143.84	1110 S AIRPORT CIRCLE FORT WORTH, TX 76040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outsid POLITICAL ADVERTISI	e of Texas, complete Schedule T) 🔲 NG
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/29/2012	Payee name SIMS, DERRICK		
Amount (\$)	Payee address City; State; Zip Code		
\$36.00	1110 S AIRPORT CIRCLE FORT WORTH, TX 76040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside POLITCAL ADVERTISIN	e of Texas, complete Schedule T) 🔲 G
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/15/2012	Payee name STATE DEMOCRATIC PARTY		
Amount (\$) \$125.00	Payee address City; State; Zip Code 3004 W. LANCASTER AVENUE FORT WORTH, TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside POLITICAL ADVERTISIN	of Texas. complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought.	Office held:

Austin, Texas 78711-2070

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## **POLITICAL EXPENDITURES**

Advertising Exp Accounting/Bar Consulting Exp Event Expense Fees	nking Legal Services Solicitation/F ense Food/Beverage Expense Travel In Dist Polling Expense Travel Out O	ges/Contract Labor Loan Rep undraising Expense Transport trict Contribut f District Candio ead/Rental Expense OTHER (	payment/Reimbursement lation Equipment & Related Expense ions/Donations Made By late/Officeholder/Political Committee enter a category not listed above)				
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)				
Schedule: 9/10	Report: 16/18 ALLEN GRAY, KELLY (Mrs.)		0000001				
4 Date	5 Payee name						
02/22/2012	US POST OFFICE						
6 Amount (\$) \$47.00	7 Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel out LETTERS TO CONST	(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						
03/20/2012	US POST OFFICE						
Amount (\$)	Payee address City; State; Zip Code						
\$45.00	RIVERSIDE STATION FORT WORTH, TX 76111						
<b>BUDDOOF</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)				
PURPOSE OF EXPENDITURE	Printing Expense	LETTERS TO CONST					
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				
Date	Payee name						
03/21/2012	US POST OFFICE						
Amount (\$)	Payee address City; State; Zip Code						
\$45.00	RIVERSIDE STATION FORT WORTH, TX 76111						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outs LETTERS TO CONSTI	ide of Texas, complete Schedule T)				
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				
Date	Payee name						
03/28/2012	US POST OFFICE						
Amount (\$)	Payee address City; State; Zip Code						
\$67.50	RIVERSIDE STATION FORT WORTH, TX 76111						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsid LETTERS TO CONSTIT	de of Texas. complete Schedule T)				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				

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(512)463-5800 TDD 1-800-735-2989

## POLITICAL EXPENDITURES

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	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											-	
Accounting/Banking Consulting/Expense       Legal Services       Solicitation/Fundraising Expense       Transportation Equipment & Related Expense         Consulting Expense       Food/Beverage Expense       Travel In District       Constitutions/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.       Form.										ommittee			
1	PAGE #		2	2 FILER NAM	ЛЕ					3	ACCOUNT #	(TEC filers	(2
	chedule: 10/10	_		ALLEN G	RAY, KELI	LY (Mrs.)				ľ	00000001		»)
	Date 03/29/2012	5	Payee name US POST OFI	FICE									
6	Amount (\$) \$45.00		Payee address RIVERSIDE S FORT WORT	STATION	y; State; 1	Zip Code					<u></u>		_
8 E	PURPOSE OF XPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description (If travel outsing Expense</li> <li>(b) Description (If travel outsing LETTERS TO CONSTITUTE)</li> </ul>						(If travel outside of TO CONSTITUE)	iside of Texas, complete Schedule T)				
0	Complete <b>ONLY</b> if firect expenditure o benefit C/OH		Candidate / Offic	ceholder name	9			Office sc	ught:		Office held:	<u></u>	_
											, <u> </u>		-
													1

# **INTEREST EARNED, OTHER CREDITS/GAINS/** SCHEDULE K **REFUNDS, AND PURCHASE OF INVESTMENTS** 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/1 Report: 18/18 ALLEN GRAY, KELLY (Mrs.) 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 0000001 Name of person from whom amount is received 4 Date 5 8 Amount CHASE BANK (\$) 03/20/2012 \$200.00 6 Address of person from whom amount is received; City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111 7 Purpose for which amount is received BANK PROMOTION (CASH CREDIT IN ACCT FOR OPENING NEW ACCOUNT)

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