FORM COR-C/OH SECRETARORRECTION/AMENDMENT AFFIDAVIT TFYFOR CANDIDATE/OFFICEHOLDER

L		• N=/ 1			
1	ACCOUNT#		2 Total page	les filed:	OFFICE USE ONLY
3	3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MCS.	Kelly Allen-Gra	MI SUFFIX	Date Received
	4 ORIGINAL REPORT TYPE	January 15 July 15 30th day befo	Funoff Exceeded \$500 lim fore election 15th day after treas appointment (office	Other (specify) it	Date Od-delivered or Post merked ORT CITY OF FUN SECRETARY Receip CITY OF Amount
5	ORIGINAL PERIOD COVERED		Day Year THROUGH (Month Day Year)4/02/2012	Date Imaged
e	6 EXPLANATION OF CORRECTION				

corrected itemized deductions Le Gi-Corrected political expenditures made from personal

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original eport was filed, I swear, or affirm, that the original report was made n good faith and without an intent to mislead or to misrepresent the hformation contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, was made in/goo

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

e of Candidate or Officeholder

ire of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this forn	n . (Eth	COUNT # ics Commission filers)	2 PAGE # 1 of 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. KELLY NICKNAME LAST ALLEN G	RAY	MI 	OFFICE U	JSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2820 GALVEZ FORT, TX 76111	сіту;	STATE; ZIP CODE	Date Hand-delivere	d or Date Postmarked Amount
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. JOHNNIE NICKNAME LAST WELBOR		MI SUFFIX	Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 301 WOODHAVEN DRIVE DESOTO, TX 75115	APT / SUITE #;	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 831-0801		EXTENSION		
8 REPORT TYPE		pefore election	Runoff Exceeded \$500 limit	appointment (c	campaign treasurer officeholder only) ttach C/OH - FR)
9 PERIOD COVERED	Month Day Year 02/15/2012	THROUGH	Month Da	•	
10 ELECTION	ELECTION DATE ELIMonth Day Year 05/12/2012	ECTION TYPE Primary	Runoff	General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known CITY COMMISSIO		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME ALLE	14 ACCOUNT # 00000001	(Ethics Commission filers)		
15 NOTICE FROM	have been made with	stice of political expenditures by political committees to support the count the candidate's or officeholder's knowledge or consent. Candidate or preceive notice of such expenditures	andidate / officeholder	. These expenditures may are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	NERAL COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		<u> </u>
16 CONTRIBUTION TOTALS	N 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,708.16
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$	42.83
	4. TOTAL POLITICAL EXPENDITURES		\$	7,083.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,03			3,039.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0			0.00
Swarn to and subscrib		pires 2 Superior of Superior o	s all information req	uired to be reported by
Signature of officer admi	inistering oath	NORMA MHKSH AND Print name of officer administering oath	Title of officer add	ministering oatt

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9	5 Report: 3/21
2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# ASHLEY, MARIBETH	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/24/2012	6 Contributor address; City; State; Zip Code 2344 MEDFORT CT FORT WORTH, TX 76109		\$250.00	 - -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2012	Contributor address; City; State; Zip Code 2344 MEDFORT CT FORT WORTH, TX 76109		\$100.00	
Deier single seeme			`	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/21/2012	Contributor address; City; State; Zip Code 3001 CHENAULT FORT WORTH, TX 76111		\$250.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# BOYD, EALY (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2012	Contributor address; City; State; Zip Code 3600 GRADY FORT WORTH, TX 76119		\$100.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# BROWN, CAROLE)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 2528 RIDGMAR BLV #8 FORT WORTH, TX 76116		\$300.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	5 Report: 4/21
2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID CAGER, DONALD)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/19/2012	6 Contributor address; City; State; Zip Code 4100 ARAGON FORT WORTH, TX 76133		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code 6700 OAK HILL DRIVE FORT WORTH, TX 76132		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2012	Contributor address; City; State; Zip Code 2820 GALVEZ		\$1,000.00	
	FORT WORTH, TX 76111		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code 2820 GALVEZ FORT WORTH, TX 76111		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/19/2012	Contributor address; City; State; Zip Code PO BOX 15320 FORT, TX 76119		\$100.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	5 Report: 5/21
2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/19/2012	6 Contributor address; City; State; Zip Code 2362 FAETT COURT FORT WORTH, TX 76119		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/2012	Contributor address; City; State; Zip Code 8000 PLATEAU DRIVE FORT WORTH, TX 76120		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 1)
Date	Full name of contributor	<u> </u>	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	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	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 	
Deinsingt				Texas, complete Schedule T)
Рпп с іраї оссир	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ut-of-state PAC (ID# LESLIE, WILLIAM)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/05/2012	Contributor address; City; State; Zip Code 1225 LEUDA STREET FORT WORTH, TX 76104		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

SCHEDULE A

POLITICAL CONTRIBUTIONS

	UTHER	THAN PLEDGES OR LOAD	43		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5	6 Report: 6/21
2	FILER NAME	ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# MACK, H.R.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/20/2012	6 Contributor address; City; State; Zip Code 6402 RUFE SNOW FORT WORTH, TX 76148		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	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 travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In		
	,		, , ,	•	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2012	Contributor address; City; State; Zip Code PO BOX 13430 ARLINGTON, TX 76094		\$200.00	
L					Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2012	Contributor address; City; State; Zip Code 2901 E. 4 T H STREET FORT WORTH, TX 76111		\$150.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	nstructions)	
F	Date	Full name of contributor ut-of-state PAC (ID:	#)	Amount of	In-kind contribution
	54.0	SESSION, COREY	,	contribution (\$)	description (if applicable)
	04/02/2012	Contributor address; City; State; Zip Code 2901 E. 4TH STREET FORT WORTH, TX 76111		\$100.00	
		Total World Control		(M. Amprical as 4-1-1-1-1-4	Texas, complete Schedule T)
L	Dringing!	potion / Joh title /See Instructions)	Employer (See Ir	<u> </u>	Texas, complete schedule i)
	Principal occuj	pation / Job title (See Instructions)	Employer (Ode II		

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	
2 FILER NAME	ALLEN GRAY, KELLY (Mrs.)		Schedule: 5/ 3 ACCOUNT#	5 Report: 7/21 (Ethics Commission filers)
	()		00000001	(
4 Date	5 Full name of contributor ut-of-state PAC (ID: SESSION, RUBY	<u>‡)</u>	7 Amount of contribution (\$)	8
03/05/2012	6 Contributor address; City; State; Zip Code 2421 HILLVIEW DRIVE FORT WORTH, TX 76119		\$100.00	
				Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# TEXAS DEMOCRATIC PARTY	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) VOTER FILE ACCESS
03/19/2012	Contributor address; City; State; Zip Code 505 W. 12 STREET SUITE 200	1	\$450.00	1
	AUSTIN, TX		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2012	Contributor address; City; State; Zip Code 4316 CRENSHAW FORT WORTH, TX 76105		\$100.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# WALKER, TERRY)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2012	Contributor address; City; State; Zip Code 2608 TIMBERLINE DRIVE FORT WORTH, TX 76119		\$100.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# WILLIAMS, CRYSTAL)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2012	Contributor address; City; State; Zip Code 2817 E. 4TH STREET FORT WORTH, TX 76111		\$500.00 <mark> </mark> 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Traver Out Of Di	I/Rental Expense OTHER (ente	Officeholder/Political Committee r a category not listed above)
1 PAGE#	2 FILER NAME	The second secon	ACCOUNT # (TEO SI
Schedule: 1/10	I = =		3 ACCOUNT # (TEC filers)
4 Date	5 Payee name		00000001
03/15/2012	CAREY, DOROTHY		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$160.00	July, State, Zip Gode		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	CONTRACT LABOR FOR	R CAMPAIGN SERVICES
EXPENDITURE		-	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/22/2012	CAREY, DOROTHY		
Amount (\$)	Payee address City; State; Zip Code		
\$160.00	4133 BURKE ROAD FORT WORTH, TX 76119		
PURPOSE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	CONTRACT LABOR FOR	CAMPAIGN SERVICES
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/29/2012	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)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	CONTRACT LABOR FOR	CAMPAIGN SERVICES
EXPENDITURE			5, W.I. 7, II GIV GENVIOLES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/27/2012	CHASE BANK		
Amount (\$)	Payee address City; State; Zip Code		
\$33.50	MEDICAL DISTRICT BRANCH		
φ33.50	FORT WORTH, TX 76111		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside o	
PURPOSE	Office Overhead/Rental Expense	CAMPAIGN OFFICE SUPP	f Texas, complete Schedule T)
OF EXPENDITURE	Zana Zapono	ONIVI AIGN OFFICE SUPP	LILO
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Event Expense 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: 10/21 00000001 4 Date 5 Payee name CITY OF FORT WORTH 02/22/2012 6 Amount (\$) Pavee address 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 (\$) 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 03/22/2012 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) 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) (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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expen		Travel Out Of Di	strict /Rental Expense	Candida	http://diceholder/Political Committee
7 663	Finding Expe	The Instruction G				nter a category not listed above)
1 PAGE#	2	FILER NAME	•	•		3 ACCOUNT # (TEC filers)
Schedule: 3/10 F	Report: 11/21	ALLEN GRAY, KEL	LY (Mrs.)			00000001
4 Date	5 Payee name					
03/15/2012	DAVIDSON, MA	RY				
6 Amount (\$)	7 Payee address	City; State;	Zip Code			
\$200.00	6901 WINDWAR					
	FORT WORTH,	TX 76140				
				· · · · · · · · · · · · · · · · · · ·		
8 PURPOSE	(a) Category (See Cate		f this schedule)	(b) Description	•	side of Texas, complete Schedule T)
OF	Salaries/Wages/	Contract Labor		CONTRA	CT LABOR F	OR CAMPAIGN SERVICES
EXPENDITURE						
9 Complete ONLY if	Candidate / Officeh	older name		Office	sought:	Office held:
direct expenditure to benefit C/OH				5,1100	ooug.n.	omee neid.
Date 02/2042	Payee name					
03/22/2012	DAVIDSON, MAI					
Amount (\$)	Payee address	City; State;	Zip Code			
\$200.00	6901 WINDWAR FORT WORTH,					
		17.10.10				
	Category (See Cate	gories listed at the top o	f this schedule)	Description	(If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/0		, , , , , , , , , , , , , , , , , , , ,			OR CAMPAIGN SERVICES
OF EXPENDITURE	_					
Complete ONLY if direct expenditure	Candidate / Officeh	older name		Office	sought:	Office held:
to benefit C/OH						
Date	Payee name					
03/29/2012	DAVIDSON, MAI	RY				
Amount (\$)	Payee address	City; State;	Zip Code			
\$200.00	6901 WINDWAR	D WAY				
	FORT WORTH,	TX 76140				
PURPOSE		gories listed at the top of	this schedule)	Description		ide of Texas, complete Schedule T)
OF	Salaries/Wages/0	Contract Labor		CONTRA	CT LABOR F	OR CAMPAIGN SERVICES
EXPENDITURE						
Complete ONLY if	Candidate / Officeh	older name		Office	sought:	Office held:
direct expenditure to benefit C/OH					J	
Date	Payee name DAVIS, ALEX					
03/29/2012 Amount (\$)						
i Amount(3) l		City Ctata	Zin Codo			
	Payee address	City; State;	Zip Code			
\$20.00		FIELD	Zip Code			
	Payee address 4917 OLD MANS	FIELD	Zip Code			
\$20.00	Payee address 4917 OLD MANS FORT WORTH,	FIELD	· 	Description	(If travel outs	ide of Texas, complete Schedule T)
\$20.00	Payee address 4917 OLD MANS FORT WORTH,	FIELD TX 76119 gories listed at the top of	· 		(If travel outs	
\$20.00	Payee address 4917 OLD MANS FORT WORTH, Category (See Cate	FIELD TX 76119 gories listed at the top of	· 		,	
\$20.00 PURPOSE OF EXPENDITURE	Payee address 4917 OLD MANS FORT WORTH, Category (See Cate Advertising Exper	FIELD TX 76119 gories listed at the top of ase	· 	POLITICA	L ADVERTIS	ING
\$20.00 PURPOSE OF	Payee address 4917 OLD MANS FORT WORTH, Category (See Cate	FIELD TX 76119 gories listed at the top of ase	· 		L ADVERTIS	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense OTHER (enter a category not listed above)

Contributions/Donations Made By
Candidate/Officeholder/Political Committee Polling Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) ALLEN GRAY, KELLY (Mrs.) Schedule: 4/10 Report: 12/21 00000001 4 Date 5 Payee name 02/22/2012 FIVE STAR STUDIOS OF TEXAS & MEDIA 6 Amount (\$) Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE UNIT 100 \$378.88 EULESS, TX 76040 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense POLITICAL ADVERTISING OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name FORT WORTH ASSOCIATION OF FEDERATED WOMEN 03/24/2012 Amount (\$) Payee address City; State; Zip Code 1933 LONGHORN TRAIL \$35.00 CROWLEY, TX 76036 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Event Expense **CAMPAIGN SUPPORT EVENT** OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/06/2012 GOLDEN, JACK Amount (\$) Payee address City; State; Zip Code 736 WEST CHERYL AVENUE \$110.00 HURST, TX 76053 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense CAMPAIGN OFFICE SUPPLIES **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 03/15/2012 GREEN, CARRIE Amount (\$) Payee address City; State; Zip Code \$160.00 4208 WILHELM STREET 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 **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertisi	ng Expense
Accounti	ng/Banking
Consultir	ng Expensě
Event Ex	pense
Eage	•

EXPENDITURE CATEGORIES
Gifts/Awards/Memorial Expense

Accounting/Ban Consulting Expe Event Expense Fees	ense Food/Beverage Expense Solicitation/Fu Polling Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overhe	District Candidate/Officeholder/Political Committee
. 5.05 //	The Instruction Guide explains h	now to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers
Schedule: 5/10		0000001
4 Date 03/22/2012	5 Payee name GREEN, CARRIE	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$160.00	<u> </u>	
8 PURPOSE OF	(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) CONTRACT LABOR FOR CAMPAIGN SERVICES
EXPENDITURE		The state of the s
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/29/2012	GREEN, CARRIE	
Amount (\$)	Payee address City; State; Zip Code	
\$160.00	4208 WILHELM STREET FORT WORTH, TX 76119	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	CONTRACT LABOR FOR CAMPAIGN SERVICES
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder пате	Office sought: Office held:
Date 03/27/2012	Payee name HOME DEPOT	
Amount (\$)		
\$55.00	Payee address City; State; Zip Code 1151 BRIDGEWOOD DRIVE FORT WORTH, TX 76112	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN OFFICE SUPPLIES
EXPENDITURE	_	o, will risk of Fige Sof Figes
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/09/2012	METRO PCS	
Amount (\$)	Payee address City; State; Zip Code	
\$313.16	3031 S FREEWAY FORT WORTH, TX 76104	
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	CAMPAIGN OFFICE SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Exp Event Expense Fees	Polling Expense Printing Expense	Travel In District Travel Out Of Di Office Overhead	istrict istrict by to complete this for	Contributions/E Candidate/C OTHER (enter	Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE#	2 FILER NAME		•		3 ACCOUNT # (TEC filers
Schedule: 6/10	Report: 14/21 ALLEN GRAY, KEL	LY (Mrs.)			00000001
4 Date	5 Payee name				00000001
03/21/2012	OFFICE DEPOT				
6 Amount (\$)	7 Payee address City; State;	Zip Code			
\$81.14	401 CARROL STREET FORT WORTH, TX 76107				
8	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description	(If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense		1 ' '	OFFICE SUP	PLIFS
EXPENDITURE					. 5.20
<u></u>					
9 Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sou	ght:	Office held:
to benefit C/OH					
Date	Payee name				
03/30/2012	OFFICE DEPOT				
Amount (\$)	Payee address City: State:	7in Codo			
\$9.19	,,,	Zip Code			
क्ट. । छ	FORT WORTH, TX 76107				
	,				
	Category (See Categories listed at the top of	this schedule)	Description	//f. harried	
PURPOSE	Office Overhead/Rental Expense	una soriedale)	CAMPAIGN	OFFICE SUPF	f Texas, complete Schedule T)
OF EXPENDITURE			OAMI AIGIV	JEFICE SUPP	LIES
Complete ONLY if	Candidate / Officeholder name		Office soug	iht:	Office held:
direct expenditure to benefit C/OH				,	Simos ficia.
Date	Pavas				
03/30/2012	Payee name OSCARS MEXICAN RESTURANAT				
Amount (\$)					
	Payee address City; State;	Zip Code			
\$15.62	3408 DENTON HIGHWAY HALTOM CITY, TX 76117				
	13.21 SM SH 1, 1X 70 H7				
· · · · · · · · · · · · · · · · · · ·	Category (See Categories Estate III)		T		
PURPOSE	Category (See Categories listed at the top of t Food/Beverage Expense	ihis schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF	1 ood/beverage Expense		MEETING TO	DISCUSS CA	AMPAIGN
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name		Office soug	h4.	Office half
direct expenditure to benefit C/OH	Carta data y Ciniconoldor Hame		Office soug	nt:	Office held:
Date	Payee name				
03/15/2012	PARISH, EVELYN				
Amount (\$)	Payee address City; State; 2	Zip Code			
\$160.00	5305 CARRIER DRIVE				
	FORT WORTH, TX 76107				
PURPOSE	Category (See Categories listed at the top of the	nis schedule)	Description (I	f travel outside of	Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor				AMPAIGN SERVICES
EXPENDITURE					
0			<u> </u>		
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sough	ıt:	Office held:
to benefit C/OH					

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Ecoc

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting/Ban Consulting Expe Event Expense Fees	Polling Expense Printing Expense	Expense	Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Re E explains how t	ct ntal Expense	Transportation Contributions/D Candidate/O OTHER (enter:	Equipment & Related lonations Made By fficeholder/Political C a category not listed a	ommittee
1 PAGE#		ER NAME			1111.	3 ACCOUNT#	/TEC filore)
Schedule: 7/10		LEN GRAY, KELLY	(Mrs.)			00000001	(TEC IIIels)
4 Date 03/22/2012	5 Payee name PARISH, EVELYN		· · · · · · · · · · · · · · · · · · ·			00000001	
6 Amount (\$)	7 Payee address	City; State; Zi	p Code				
\$160.00	FORT WORTH, TX	RIVE K 76107					
8 PURPOSE	(a) Category (See Catego	ries listed at the top of this	s schedule)	(b) Description	(If travel outside o	of Texas, complete So	chedule T)
OF EXPENDITURE	Salaries/Wages/Co			CONTRACT	LABOR FOR	CAMPAIGN SE	RVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name		Office sou	ght:	Office held:	
Date 03/29/2012	Payee name PARISH, EVELYN						
Amount (\$)	Payee address		o Code				···
\$160.00	FORT WORTH, TX	(76107					
PURPOSE	Category (See Categor	ies listed at the top of this	schedule)	Description	(If travel outside o	f Texas, complete Sc	hedule T)
OF	Salaries/Wages/Cor	ntract Labor		CONTRACT	LABOR FOR	CAMPAIGN SER	RVICES
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name		Office soug	jht:	Office held:	
Date 03/13/2012	Payee name SIMMONS, DERRIC	—————— :К					
Amount (\$)	Payee address	City; State; Zip	Code				
\$1,410.50	1110 S. AIRPORT (FORT WORTH, TX	76040					
PURPOSE OF	Category (See Categoric Advertising Expense	es listed at the top of this	schedule)	Description (If travel outside of DVERTISING	Texas, complete Sch	nedule T)
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name		Office soug	ht:	Office held:	
Date	Payee name						
03/15/2012	SIMMONS, DERRIC	K					
Amount (\$)	Payee address	City; State; Zip	Code				
\$825.00	1110 S AIRPORT CI FORT WORTH, TX						
PURPOSE OF EXPENDITURE	Category (See Categorie Advertising Expense	es listed at the top of this s	schedule)	Description (I POLITICAL AL		Texas, complete Sche	edule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name		Office sough	nt:	Office held:	,

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

snse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Outside Affect

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (order archolder/Political Committee)

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) Schedule: 8/10 Report: 16/21 ALLEN GRAY, KELLY (Mrs.) 00000001 4 Date 5 Payee name 03/15/2012 SIMMONS, DERRICK 6 Amount (\$) Payee address City: State; Zip Code 1110 S AIRPORT CIRCLE \$270.00 FORT WORTH, TX 76040 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense POLITICAL ADVERTISING OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name SIMMONS, DERRICK 03/16/2012 Amount (\$) Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE \$143.84 FORT WORTH, TX 76040 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Advertising Expense POLITICAL ADVERTISING **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/29/2012 SIMMONS, DERRICK Amount (\$) Payee address City; State; Zip Code 1110 S AIRPORT CIRCLE \$136.00 FORT WORTH, TX 76040 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense POLITCAL ADVERTISING OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name STATE DEMOCRATIC PARTY 03/15/2012 Amount (\$) Payee address City; State; Zip Code 3004 W. LANCASTER AVENUE \$125.00 FORT WORTH, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense POLITICAL ADVERTISING OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought Office held direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Fees	The Instruction Guide explains hov		r a category not listed above)
1 PAGE#	2 FILER NAME	- to complete une form	3 ACCOUNT # (TEC filers)
Schedule: 9/10 F	_ ALLEN OBANG RELLY (M.)		00000001
4 Date	5 Payee name		1 0000001
02/22/2012	US POST OFFICE		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$47.00	RIVERSIDE STATION		
φ47.00	FORT WORTH, TX 76111		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	LETTERS TO CONSTITU	JENTS
EXPENDITURE			
			0.00
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/20/2012	US POST OFFICE		
Amount (\$)	Payee address City; State; Zip Code		
\$45.00	RIVERSIDE STATION		
V 10100	FORT WORTH, TX 76111		
DUBBOCE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	LETTERS TO CONSTITU	JENTS
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Carididate / Officerolder flame	Onice sought.	Office field.
to benefit C/OH			
Date	Payee name		
03/21/2012	US POST OFFICE		
Amount (\$)	Payee address City; State; Zip Code		
\$45.00	RIVERSIDE STATION		
	FORT WORTH, TX 76111		
	Catagony (See Catagories listed at the tan of this ashedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	LETTERS TO CONSTITU	
OF	Trinding Expense	EZTIZKO TO GORGINI	52.11.0
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date 03/28/2012	Payee name US POST OFFICE		
Amount (\$)	Payee address City; State; Zip Code		
	RIVERSIDE STATION		
\$67.50	FORT WORTH, TX 76111		
	•		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Expense	LETTERS TO CONSTITU	
OF EXPENDITURE	- ·		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) ALLEN GRAY, KELLY (Mrs.) Schedule: 10/10 Report: 18/21 00000001 4 Date 5 Payee name 03/29/2012 **US POST OFFICE** 6 Amount (\$) Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111 \$45.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense LETTERS TO CONSTITUENTS OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	THE INSTRUCTION GOIDE EXPLAINS NOW	to complete this form.	
1 PAGE#	2 FILER NAME ALLEN GRAY, KELLY (Mrs.)	3 ACCOUNT # (TEC filer	rs)
Schedule: 1/2 R	5 Payee name	00000001	
03/20/2012	CENTRAL MARKET		
6 Amount (\$)	7 Payee address City; State; Zip Code		_
\$22.70			
Reimbursement from political contributions intended	FORT WORTH, TX 76107		
contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) [CAMPAIGN OFFICE SUPPLIES	
OF EXPENDITURE			
Date	Payee name		_
03/20/2012	DAVE'S FOODSTORE		
Amount (\$)	Payee address City; State; Zip Code		
\$8.28	,,, =,		
Reimbursement from political	FORT WORTH, TX 76111		
from political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	_
PURPOSE	Food/Beverage Expense	CAMPAIGN MEETING SUPPLIES	
OF EXPENDITURE		3 WW 7 W 2 T W 2 T W 3 G 1 T E E E G	
-/ LIDITORE			
Dete			
Date	Payee name FAMILY DOLLAR		
03/20/2012 Amount (\$)			
, ,	Payee address City; State; Zip Code		
\$5.41	2000 N. RIVERSIDE DRIVE FORT WORTH, TX 76111		
Reimbursement from political	1 OKT WOKITI, 1X 70111		
contributions intended	Catagony (See Catagorica listed at the target this catagony)	T. Davide	┙
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)	J
OF	I mining Expense	CAMPAIGN OFFICE SUPPLIES	
EXPENDITURE			
Date	Payee name		ᄏ
03/05/2012	HEB		-
Amount (\$)	Payee address City; State; Zip Code		ᅦ
\$23.32	165 N.W. JOHN JONES DRIVE		-
Reimbursement from political	FORT WORTH, TX 76028		
contributions intended			
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	刌
PURPOSE OF	Food/Beverage Expense	CAMPAIGN MEETING FOOD SUPPLIES	-
EXPENDITURE			-
			ŀ
I			J

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Office Overhea The Instruction Guide explains h	ad/Rental Expense OTHER (enter	Officeholder/Political Committee a category not listed above)
1 PAGE# Schedule: 2/2 R	eport: 20/21 FILER NAME ALLEN GRAY, KELLY (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 02/29/2012	5 Payee name O-K PAPER CENTER		0000001
6 Amount (\$) \$31.64 Reimbursement from political contributions intended	HALTOM CITY, TX 76117		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside CAMPAIGN OFFICE SUP	of Texas, complete Schedule T)
Date 03/05/2012	Payee name SAM'S CLUB		
Amount (\$) \$51.36 Reimbursement from political contributions intended	Payee address City; State; Zip Code 2859 I - 30 WEST FORT WORTH, TX 76117		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of CAMPAIGN MEETING SU	of Texas, complete Schedule T) PPLIES
Date 03/05/2012	Payee name US POST OFFICE		
Amount (\$) \$45.00 Reimbursement from political contributions intended	Payee address City; State; Zip Code RIVERSIDE STATION FORT WORTH, TX 76111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of LETTERS TO CONSTITUE	f Texas, complete Schedule T)
Date 03/20/2012	Payee name WALMART		
Amount (\$) \$21.80 Reimbursement from political contributions intended	Payee address City; State; Zip Code 3851 AIRPORT FREEWAY FORT WORTH, TX 76111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of CAMPAIGN MEETING SUF	Texas, complete Schedule T)

INTEREST EARNED, OTHER CREDITS/GAINS/

SCHEDULE K

	The Instruction	ON GUIDE explains how to complete this form.		PAGE Sched	# Jule: 1/1	Repo	ort: 2	1/21	
2	FILER NAME	ALLEN GRAY, KELLY (Mrs.)	3	ACCO	UNT#			mission	filers)
4	Date	5 Name of person from whom amount is received CHASE BANK				8		Amour (\$)	nt
	03/20/2012	6 Address of person from whom amount is received; City; State; Zip Code MEDICAL DISTRICT BRANCH FORT WORTH, TX 76111	•••						\$200.00
		7 Purpose for which amount is received BANK PROMOTION (CASH CREDIT IN ACCT FOR OPENING NI	EW /	ACCO	UNT)				
_									