	TE / OFFICEHOLDER N FINANCE REPORT		OFFICIAL RECOR	FORM C/OH OVER SHEET PG 1
The C/OH Instruction C	Guide explains how to complete this form.	1 File	ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME ALAST		MI	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; /c P.O.Box 1692 75764) orth,	STATE; ZIP CODE	JUL 16 2019 JUL 16 2019 CITY OF FORT WORTH CITY OF FORT WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-9586		EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR PHAST MG. Phyllis NICKNAME AST		SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2707 Ennis ave Fort Worth, TK		CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/17)9999-7887		EXTENSION	
9 REPORT TYPE	January 15 30th day before el		Exceeded \$500 limit	 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 25 19	THR	DUGH 6	Day Year 30 /19
11 ELECTION	ELECTION DATE Month Day Year Primary		ELECTION TYPE	
12 OFFICE	District 8	reil	3 OFFICE SOUGHT (if known)	
	GO TO	PAGE	2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Men G.	ray Kelly	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$27.435.44			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, TITEMIZED	\$ 5.656.38			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 18, 342.45			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I ORTING PERIOD	DAY \$43,192.10			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$			
18 AFFIDAVIT						
RONALD P. GONZALES ID #10520616 My Commission Expires May 17, 2020						
AFFIX NOTARY STAMP		Kelly Allen Gray	11_++			
Sworn to and subscr	10	o certify which, witness my hand and seal of office.	, this the			
Amaed P. (Tmal	Konald P. Gonzales	Notary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Forms provided by Texas Ethics Commission

Revised 9/8/2015

SUE	BTOTALS - C/OH		FORM C/OH SHEET PG 3				
19 FILER	ellen Gray Kelly	20 Filer ID (Ethics Co	mmission Filers)				
	DULE SUBTOTALS		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18.965-				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 18.342.45				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 hedule A1: 1 Total page The Instruction Guide explains how to complete this form. 3 Filer I (Ethics Commission Filers) 2 FILER NAME 4 Dat 7 Amount of contribution (\$) of-state PAC (ID#: ity; State; Zip Code 7W, TK 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions 8 Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) mlN State; Zip Code address City re Kol 9W, TX 76103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) State Council | City; State; Zip Code ZW, TK Ile 102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# City; State; Zip Code 7W, TK 71, 11 TK 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Totappages Schedule A1:
2 FILER NAME allen Gray Kelly	3 Filer ID Whics Commission Filers)
4 Date 5 Fill name et contributo [] out-di-state PAC (ID#:] 5/3/19 al faniagua 6 Contributor address; City; State; Zip Code 8/25 Mount Shasta ir 7W, TK 76/37	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:) 5/3/19 Contributor address; City; State; Zip Code 1144 Terrace Trail Hurst, TK 76053	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) 5/3/19 Getter Types PAC Contributor address; City; State; Zip Code 4727 Grwillahn Houston, TK 17021	Amount of contribution $(\$)$ $\cancel{42,500.00}$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Mill name of contributor Out-of-state PAC (ID#:) 5/4/19 Contributor address: City State; Zip Code 1415 Circle Park Blrd. HW, TV 7616164	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages schodule A1:
2 FILER NAME	allen Gray Kully		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/19	5 Full name of contributorout-of-state PAC KASUPIPES 6 Contributor address; City; State 420 Throcknown on #1200 MU		7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	lions)
Date 5 24 19		(ID#:) C Zip Code Z& // 2	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 5/24/19	Full name of contributor out-of-state PAC <i>Cit landie Pacifie Comm. L.</i> Contributor address: City; State; 1025 Kare Concrurse Ste 21	(ID#:) LC 25 Bay Harbor 4/ 33154	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
5/24/19	Full name of contributor / Do-of-state PAC Hammer & Mails Club - (Contributor address; City; State; 100 K. 15th St. Ste 400 74	andidate Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	-
The Instruction Guide explains how to complete this for	n. 1 Total proges Schodule A2:
2 FILER NAME allen Gray Kelly	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$ 8 670.66
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
4/30/19 7 Contributor address; City; State; Zip Con 2001 Partician Dr # 600 FW, TK 24	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Hill name of contributor out-of-state PAC (ID#: High John Contributor address; City; State; Zip Cool 2501 Park view Dn # 600 7W, TX 74 10	Amount of In-kind contribution Contribution \$ In-kind contribution description <i>FI,868.90 Signage</i> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	;
ATTACH ADDITIONAL COPIES OF The ADDITIONAL COP	

SCHEDULE F1

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	1: 2 FILER MARKEN GIVAN KI	elly	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19	5 Pareename	ng	
6 Arrount (\$) \$2,40.0	7 Payee address; City; State; 5648 De Cory Rd	zjó code IW, TX 76134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Consulting Expen	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/25/19	Payee name Ethel Ransom /1	umanitarian	Club
Arrount (\$) 7375.10	Payee address; City; State;		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Donation	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4/25/19	Rosie B. Gomes	2	
Amount (\$) 7240.00	Payee address; City; State; 2817. Burchill K	L AW, TK He	105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Contract Labor	Check if travel outs	tide of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEL	DED

SCHEDULE F1

	E	XPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/B By Gift/Aw	Expense everage Expense ards/Memorials Expense iervices	Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The	Instruction Guide expla	ains how to co	omplete this form.		
1 Total pages Schedule F1	: 2 FILER NAME	en Gray 1	Kelly		3 Filer ID (Ethic	s Commission Filers)
4 Date 4/25/19	5 Payer partne	an Wil	son			
6 Amount (\$)	7 Payee address;	City; State;	Zip Code			
\$210.N	4129 Bur	Kikd 7	W,T	X 76119		
8	(a) Category (See Cat	tegories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF	Qu	1.1.1			utside of Texas. Complete	
EXPENDITURE	Contract	tLabor				experies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		Office sought		Office held
Date 4/25/19	Payee name Carrie	Green				
Amount (\$)	Payee address;	City; State;	Zip Code			
\$210.N	4208 W	Thelm 4	W, TK	. 74119		
	Category (See Cat	regories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Contrac	tLabor			utside of Texas. Complete S a, TX, officeholder living	
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Date	Payee name					
4/25/19	Mary !	avidson	ر ر			
Amount (\$)	Payee address;	City; State;	Zip Code			
\$240.00	6901 Wi	ndward	Way	Gorest Hi	II, Treyas	76140
PURPOSE OF EXPENDITURE		egories listed at the top of this I Labor	s schedułe)		tside of Texas. Complete S	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ficeholder name	1	Office sought		Office held
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Forms provided by Texas Ethics Commission

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SCHEDULE F1

	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER MAME	1/11	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19 5 Amount (\$)	7 Fayee address; City; Stat	y Kuly y td; Zip Code	
F200.00	4133 Burke Rd	4W, TK 24/19	
}	(a) Category (See Categories listed at the top of		utside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Contract Labor		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date 4/25/19	Payee name Francis Chau	Hord	
Ampunt (\$) P200.00	Payee address; City; State 4228 Reed H	e; Zip Code 5. 7W, TK 261	19
PURPOSE	Category (See Categories listed at the top of	Check if travel ou	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
OF EXPENDITURE	Contract Lavor		
	Candidate / Officeholder name	Office sought	Office held
EXPENDITURE Complete ONLY if direct		Office sought	Office held
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OH	4	len	
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date 4/28/19	Payee rame Nana's Kitch	e; Zip Code <i>La Rol JW, Ty</i> of this schedule) Description Check if travel ou	

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Revised 9/8/2015

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commi Credit Card Payment	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
		ns how to complete this form.	
Total pages Schedule F1: 2 FIL	Ullen gray,	Kelly Enterprises	3 Filer ID (Ethics Commission Filers)
P300.00 P.	/ee address; City; State; Z). Sux 25002 7	Zip Code W, TK 76124	
DUDDOOF	tegory (See Categories listed at the top of this vent Eypense	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct C expenditure to benefit C/OH	andidate / Officeholder name	Office sought	Office held
Date Pay 5/3/19	a hin lard	,	
	unting Lureal		
	ree address; City; State; Z BD Throckmonton) ^{Zip Code} <i>AW, TK 7610</i>	2
P249.27 50 PURPOSE		AW, TK 7610 schedule) Description	Z tside of Texas. Complete Schedule T. , TX, officeholder living expense
PURPOSE OF EXPENDITURE	BD Throckmonton	AW, TK 7610 schedule) Description	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	BD Throckmonton tegory (See Categories listed at the top of this ad Expense	Schedule) Description	tside of Texas. Complete Schedule T. . TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5/3/19	BD Throckmonton tegory (See Categories listed at the top of this and Expanse and idate / Officeholder name	Schedule) Description	tside of Texas. Complete Schedule T. , TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 5/3/19 Amount (\$) Pay 204.00	BD Throckmonton tegory (See Categories listed at the top of this and Expanse and idate / Officeholder name	Image: Advantage of the sector Description schedule) Description Check if travelou Check if Austin Office sought Office sought Zip Code Image: Advantage of the sector schedule) Description Check if travelou Description	tside of Texas. Complete Schedule T. , TX, officeholder living expense Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1	2 FILER N	Mellen Gray	Kelles		3 Filer ID (Eth	ics Commission Filers)
4 Date 5 4/19	5 Fayee n	ame . hie arelu	/ <u> </u>		(r)	
6 Amount (\$) PHD.D	7 Payee a	ddress; City; State; Wilhelm St		TK 761	119	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the back Labor	iis schedule)	[]	outside of Texas. Complete	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name	I	Office sought		Office held
Date 5/4/19	Payee na	thy Carey				
Amount (\$) \$ /40.00	Payee at 4/3	idress; City; State; 3 Bur / le Rel	Zip Code AW,	TK 7611	19	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	is schedule)		utside of Texas. Complete n, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ncis Crawto	nd			
Arrount (\$)	Payee ac	Idress: City; State;	Zip Code FW, TK	76119		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the tract Labor			utside of Texas. Complete n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	· ·	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense se Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule Fi	A	1/11	3 Filer ID (Ethics Commission Filers)
AN S	allen ray	Rully	
4 Date	5 Payee name	son	
6 Amgunt (\$)	7 Payee address; City; Stat	e; Zip Code	
\$140.00	4129 Burle Rd	. 7W, TX 76119	
8	(a) Category (See Categories listed at the top		
PURPOSE	ALL ILL		outside of Texas, Complete Schedule T.
OF EXPENDITURE	Contract Labor	L Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5 4 19	Payee name Mary L. David	bon	
Amount (\$) \$/48.00	Payee address; City; State	Way Grest	Hill, Tuxas 76140
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Contract Labor	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 0/4/19	Payee name	ulting	
Amount (\$)	Payee address City; State	Zip Code	
\$3, NO	5648 DeCory 1	ed 9W, TK 261	34
	Category (See Categories listed at the top o	f this schedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1	2 FILER NAME / /	1/11	3 Filer ID (Ethics Commission Filers)
I I I I I I I I I I I I I I I I I I I	allen sray 1	relly	
Date 5/5/19	5 Payee name . TOSLE JOME ?		
Amgunt (\$)	7 Payse address; City; State; Z	Zip Code	
\$180.0D	2817 Burchill Rd	2W, TK 76/03	5
	(a) Category (See Categories listed at the top of this		
PURPOSE	Act 111		tside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract Labor	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/13/19	Reasonable Price	Lawn Svc	
Amount (\$)	Payee address; City; State; Z	ip Code	
\$500.D			
	Category (See Categories listed at the top of this s		
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE	Contract Labor	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Data / /	Payee name	·····	
Date		11	
5731/19	1 erlis Wesleyan	Aniversity	
Amount (\$)	Payee address; City, State; Z	ip Code	
\$250.00	1201 Wesleyan St	AW, TK 76105	
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Imation	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic CreditCard Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1	5 paye name		3 Filer ID (Ethics Commission Filers)
5/30/19 6 Amgunt (\$)	7 Payee address; City; State; Zip Cod	rm hhe	
#2,500.0	1227 N Valley Mills Dr #2	08 Waco, TK	76710
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Geomplete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		<u>.</u>
	1		
Amount (\$)	Payee address; City; State; Zip Code	e	
Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)	Description	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Candidate / Officeholder name	Description Check if travel of Check if Austir	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Candidate / Officeholder name	Office sought	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date	Category (See Categories listed at the top of this schedule) Candidate / Officeholder name H	Description Check if travel or Check if Austir Office sought Description Check if travel or Check if travel or Check if travel or	n, TX, officeholder living expense