CANDIDA	FOR OFFICEHOLDER		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	H, TX Suide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MIGMARS/MR Kelly NICKNAME ALLAST LAST	Mi SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT/SUITE CITY. 2820 Galvez avenue Fort Worth, Teylas U	STATE, ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-9586	EXTENSION	DatePartesed
6 CAMPAIGN TREASURER NAME	MSIMPSIMP MS. Phyllis NICKNAME Gellen		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPO BOX PLEASE): APT/SUITE #. 2707 Ennis avenue FortWorth, Terfas 76	CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code phone number (\$17) 9999-7887	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Exceeded \$500	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	as 101	/13
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff 🚺	General Special
12 OFFICE	H. Worth City Council District 8	13 OFFICE SOUGHT (if know	wn)
	GO TO PA	GE 2	

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS			T: FORM C/OH COVER SHEET PG 2	
14 C/OH NAME	in Gra	V.11	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND THESE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$6.05D.D	
	TT 0 0 1 1 1 1 1 0 0 1 1 1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	™ \$6,050.D \$22,250.D	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		aic lin	
	4. TOTAL POLITICAL EXPENDITURES		\$ 11,852.77	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	
Sal TA & My	of Marsha	me, by the said Kelly Alla Ma	perjury, that the accompanying report formation required to be reported by didate of Officeholder 	

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7	he Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
FILERNA	en Gray Kelly		3 ACCOUNT # (E	thics Commission Filers)
Date //	5 Full name of contributor []out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
44/13	6 Contributor address: City: State: Zip Code 612 Highwood 5 Trail	*	200.00	
	fort Worth, Treylas 16112			of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Juli name of egntributor out-of-state PAC (10#)	Amount of contribution (\$)	In-kind contribution description (if applicable
14/13	2805 alton Koarl Brywrith, Tuxas 76109		250.00	
Principal oc	cupation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Allen Hodges Contributor address: City; State; Zip Code	· · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable
12/15	306 W. The St. Ste TOI Fort Worth, Texas 74102		500.00	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
liplis	Contributor address; City; State; Zip/Code		contribution (\$)	
ingo	1900 Bullpurk Way, Ste. 110		500.00	
	arlington Trevas 76006		(If travel outside o	f Texas, complete Schedule T)
Principal oc	cupation / Jop title (See Instructions)	Employer (See		
Date	Full name of Antributor out-of/state PAC (ID#		Amount of	In-kind contribution
11	Krong Supara Hadley	~~~~	contribution (\$)	description (if applicable
15/13	Contributoraddress; City; State; Zip Gode 2342 Faett Court		250.0	
	fortworth, Tiesas 16/19		A REAL PROPERTY AND A REAL	f Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See	instructions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

T	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
FILER NAM	EA VI		3 ACCOUNT # (E	thics Commission Filers)
Ullen	Gray, Kelly		· · · · · · · · ·	
Date	5 Full harme of contributor out-of-state PAC (10# Edulard P. Buss		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
15/13	6 Contributor address: City; State; Zip Code 201 Main St., St. 2700		1,500.00	
	Fort Worth, Texas 76102		(If travel outside o	of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor [] out-of-state PAC (10#) CH2MHill Texas Pac	رر	Amount of contribution (\$)	In-kind contribution description (if applicable
15/13	Contributor address; City: State: Zip Code	r	500.00	
<u></u>	Jallas, Turas 75251		And the state of the second	f Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable
na jis	4717 Norma St. Fort Worth, Turas 76103		200.00	1
Principal occ	upation / Job title (See Instructions)	Employer (See		If Texas, complete Schedule T)
Date //	Gond Government Fund) 	Amount of contribution (\$)	In-kind contribution description (if applicable
14/13	201 Main St., Ste. 2500 Fort Work, Treyas 76/02		3,00.00	
Principal occ	upation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
			Amount of	In-kind contribution
Date / 8/13	Gun Han Contributor address: City; State: Zip Code		contribution (\$)	description (if applicable
10/10	2804 Meritage Hills Ct.		200,10	
	Torras laron	Employer (See		f Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See	msoucoonsy	
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a ler name		3 ACCOUNT #	Ethics Commission Filers)
Date /22/13	5 Full name of contributor out-of-state PAC (ID#) Dan Lawrance 6 Contributor address; City; State; Zip Code 2008 Four Oaks Lane	, 7 Amount of contribution (\$) 5, 170-00	8 In-kind contribution description (if applicable
Principal occi	upation / Job title (See Instructions)	(If travel outside 10 Employer (See Instructions)	e of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
NUID	P.O. Box 1892 Ant Winth, Tuxas 14101	(If travel outside	of Texas, complete Schedule T)
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	Inthe Theres Tills		of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Date 24/13	Full name of contributor out-of-state PAC (1D#	Amount of contribution (\$)	In-kind contribution description (if applicable
	arlington, Texas Heary	(If travel outside	of Texas, complete Schedule T)
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Dete 29/13	Full name of contributor out of state PAC (10#) Amount of contribution (\$) /070-070	In-kind contribution description (if applicable
^o rincipal occu	Ipation / Job title (See Instructions)	(If travel outside Employer (See Instructions)	 of Texas, complete Schedule T)
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FILER NAM	Gray, Kelly		3 ACCOUNT # (E	thics Commission Filers)
Date 429/13	5 Full name of contributorout-of-state PAC (10#) Dom and Carolyn Hubbe 6 Contributor address; City, State; Zip Code 1640 Oakland Block	rd	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	Antwith, Tigas 76/03		(If travel outside	 of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor out-ot-stale PAC (10#	Ka	Amount of contribution (\$)	In-kind contribution description (if applicable
ININ	4451 Mormandy Rd		100.00	
	Port Worth, Turkas 74/03			of Texas, complete Schedule T)
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Date	Full name of contributor Cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occ	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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Principal occ	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date 429/13	Full name of contributor out-of-state PAC (ID#) Di LOTES Hoberts Contributor address; Dity; State; Zip Code 1651 Wattsm Hoad		Amount of contribution (\$)	In-kind contribution description (if applicable
	my Worth, Myas			of Texas, complete Schedule T)
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FILER NAM	E A I/i.		3 ACCOUNT # (E	thics Commission Filers)
alle	~ Gray Kelly			
Date 429/13	5 Full norme of contributor Dout-of-state PAC (10#_ 5 Gentributor address; City: State; Zip Code 5816 Levelland Drwe	 I	- 7 Amount of contribution (\$) 	8 In-kind contribution description (if applicable
1 1	n /			
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1	306 W. 14h St. Ste 101		500.00 1	
	forflorth, Turkas 76102		1	Le la compañía de la
Principal occ	cupation / Job title (See Instructions)	Employer (S	(If travel outside of the line	f Texas, complete Schedule T)
a series de la series				and the second
Date	Full name of contributor Dout-of-state PAC (10# 2W Koundtable LLC) Amount of contribution (\$)	In-kind contribution description (if applicable
11/13	Contributor address: City: State: Zip Code 101 Summet aue Ste. 208 204 Worth, Tux 65 76102		502.00	
				of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (S	ee Instructions)	
Date	Full name of contributor out-of-state PAC (10#. EWA Unbile Pac of Teva-	5	_) Amount of contribution (\$)	In-kind contribution description (if applicable
11 13	Contributor address; City; Store; ZipCode 5959 Las Counas GLUZC		500.00	
	trring, luxas BOH	1		f Texas, complete Schedule T)
Principal occ	upation / Job ⁷ title (See Instructions)	Employer (S	ee Instructions)	
Date	Full name of contributor out-of-state PAC (10#	5	_) Amount of contribution (\$)	In-kind contribution description (if applicable
71/13	Contributor address; City; State; Zip Code 230/ N. Collins, Ste. 238		108.00	
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	JLE AS NEEDED	

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE	E CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above) rm.
Total pages Schedule F:	2 FILER WAME Gray	Kelly	3 ACCOUNT # (Ethics Commission Fi
4413	5 Paregname	L /	
Arhount (\$) 160-00	Prayee address; City: S 5616 Hughton (1) Port Work Terras	tate; Zip Code Gel 76/07	
PURPOSE OF EXPENDITURE	(a) Gategory (See categories listed at the to	(b) Description	(If travel outside of Texas, complete Schedule T)
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Date 4/13	Payee name Crawfor	d	
160-D	All Keed St. Box Worth, Turkes	tate: Zip Code	
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ate 4/4/13	Payee name Juli		
Antiount (\$)	ALOS Withelm And Worth, Turk	tate; Zip Code 45 UU19	
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	(If travel outside of Texas, complete Schedule T)
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 March and the standard and th standard and the standard and t	Drothy Carey	tate; Zip Code Vas Nell9	It Office held

JEINOAL	EXPENDITURES		SCHEDULE F
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
otal pages Schedule F:	2 FILER NAME //	//	3 ACCOUNT # (Ethics Commission Filer
291	allen Gray, Ne	lly	
4/13	5 paree name	I	
200.00	17, Payee address; City: Sta 6901 Unduard Ut Threst Hills, Tula:	ate; zip Code M 5 7/4/40	
PURPOSE OF EXPENDITURE	an Category (See categories listed aftine top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
omplete <u>ONLY</u> if direct xpenditure to benefit C/	Candidate / Officeholder name	Office soug	aht Office held
14/B	CHACE Depot		
01.73	401 Carroll St. ADT Worth, Texas	s 74107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
omplete <u>ONLY</u> if direct spenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held
1-1-1- 	Grender Meadowk	Wook Nues	
nhounit (5) 748. N	P. D. Box 24264 Box Worth, Tuxas	ne; zip Code 7(1/2)	
PURPOSE OF XPENDITURE	Category (see categories listed at the top	of this schedule) Description	1 (If travel outside of Texas, complete Schedule T)
omplete <u>ONLY</u> if direct spenditure to benefit C/0	Candidate / Officeholder name	Office soug	ht Office held
hate 4713 mount (\$)	Carry Umphill	te; Zip Code	
750.00	Port Worth, Turkas	76134	
the second se	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	advertising Exper	IJU I	

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Total pages Schedule F:	2 MER NAME aller Gray, Kel	lly	3 ACCOUNT # (Ethics Commission Filer
Arrount (\$)	5 Bayee name Crawto	rd	
Anfount (\$) 120-10	4228 Keed St. Antworth, Tug	State; Zip Code	
PURPOSE OF EXPENDITURE	a Category (See categories listed at the		(If travel outside of Texas, complete Schedule T)
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Date 4/10/13	Payee hame Mark		
Anhount ⁱ (\$) 1 (4 D. D.	Stalle Houghton a Fort Worth, Tur	State: Zip Code WC WS 7/16/07	
PURPOSE OF EXPENDITURE	Category (See categories listed al the		(If travel outside of Texas, complete Schedule T)
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41013	Mary Davidon	n	
Ambunt (\$) 200-00	Payee address: City: 6901 Windward Gore St Will, The	state: Zip Code Way Nas 74140	
PURPOSE OF EXPENDITURE	Category (See categories listed at the		(If travel outside of Texas, complete Schedule T)
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Date 4 (U 13 Amount (S)	Payee name Drothy Cares Payee address , City;)	State; 1 Zip Code	
[40.D	4133 Burke Ra Jort Worth Tues	las Ilella	
PURPOSE OF EXPENDITURE	Category (See categories litted at the	e top of this schedule) Description	(If travel outside of Texas, complete Schedule T)
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POLITICAL	EXPENDITURES		SCHEDULE F
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Total pages Schedule F:	2 FILER NAME Gray Kyll		ACCOUNT # (Ethics Commission Filer
Date 4/10/13	5 payee name 1 arrie (arrien		
Amount (\$) 160-00	7 Payee address. City state: 420,8 Wilfre Um St.	zip Code Ull 9	
PURPOSE OF EXPENDITURE	a category (See categories listed at the top of this	schedule) (b) Description (If travel o	utside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Pate 4/10/13	Larry Lemphill		
Amfount (\$) 1200.00	Boxt Worth, Teras 7413	Zip Code 3:4	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	schedule) Description (If travel or	utside of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this :	schedule) Description (If travelow	utside of Texas, complete Schedule T)
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Arthount (\$) 257). N	504 Main Street For Worth, Te flas The	Zip Code	
0	Determine relieves	schedule) Description (If travel or	utside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Event Expense		

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otal pages Schedule F: 5/19	2 FILER NAME , Kelly		3 ACCOUNT # (Ethics Commission File
4/18/13	5 Payee name John (lark		
atmougt (\$) 160-10	5616 Houghton live	: zip Code 14/07	
PURPOSE OF EXPENDITURE	(a) Gategory (See categories isted at the top of	this schedule) (b) Description (I	f travel outside of Texas, complete Schedule T)
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A/18/13	Fayee name Crawford		
120-12	HLLS Heel St. HLLS Heel St. John Worth, Tevas 2	; zip Code Ull9	
PURPOSE OF EXPENDITURE	Gategory (See gategories listed at the top of	this schedule) Description (I	f travel outside of Texas, complete Schedule T)
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71(8/13	Carrie Gulen		
Andound (\$)	HLOS Withelm Tree	: kip Code 76119	
PURPOSE OF EXPENDITURE	Pategory (See categories listed a line top of	this schedule) Description (I	f travel outside of Texas, complete Schedule T)
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Date //3	Payee name	; Zip Code	
160.00	4133 Burke Road	6119	
	Gategoly (See categories listed at the top of	this schedule) Description (II	I travel outside of Texas, complete Schedule T)
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POLITICAL EX	PENDITURES			5	CHEDULE F
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6/9/ 4	ulu Gray, K	elly		3 ACCOUNT # (Ethics Commission Filer
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110.23 29	13Montgomery + Worth Tura	5 76107			
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			Office sought		Office held

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Austin, Texas 78711-2070

	EXPENDITURES		SCHEDULE F
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Total pages Schedule F:	allen Gray, Kelly		3 ACCOUNT # (Ethics Commission File
4 24 13	Dynamic Strein F	Finting	
Arthount (\$) 487.45	7 Palee address; City; State; 2 300 Boone Rd, Shite Burlison, Lexas 7602	zip code G-9 28	
PURPOSE OF EXPENDITURE	a category (See categories listed at the top of this : Printing Expense	schedule) (b) Description (if (ravel outside of Texas, complete Schedule T)
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Pate 4/25/13	Baptist Ministers (trion	
mount /(\$)	IN ININ	Zip Code	
50.0	5300 Oak Grove Rd	W. Fort Would	h. Texas 74134
		the second s	h, Treytano 76134 ravel outside of Texas, complete Schedule T)
OF EXPENDITURE omplete ONLY if direct	5300 Oak Grovered Category (See categories listed at the top of this : Event Expense Candidate / Officeholder name	the second s	the second se
OF EXPENDITURE complete <u>ONLY</u> if direct xpenditure to benefit C/O	S300 Oak Grovered Category (See categories listed at the top of this s Event Expense Candidate / Officeholder name H Payee name, Danamic Screen t	Office sought	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE omplete <u>ONLY</u> if direct xpenditure to benefit C/O	S300 Oak Grove Rd Category (See categories listed at the top of this s Event Eypense Candidate / Officeholder name H	Description (fft Office sought	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	S300 Oak Growerd Category (See categories listed at the top of this s EVENT EXPENSE Candidate / Officeholder name H Payee name. Dunamic Screen t Payee address; City; State; Z 300 Boore Road, Suit	Description (ff) Office sought	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	S300 Oak Growerd Category (See categories listed at the top of this s EVENT EXPENSE Candidate / Officeholder name H Payee name, Dunamic Screen t Payee address; City; State; Z 300 Boare Road, Suit Burlesin, Texas 7603 Category (See categories listed at the top of this s Pryfing Expense Candidate / Officeholder name	Description (ff) Office sought	ravel outside of Texas, complete Schedule T) Office held
OF EXPENDITURE complete <u>ONLY</u> if direct xpenditure to benefit C/O Date 426/13 Arrount (\$) 27.32 PURPOSE OF EXPENDITURE complete <u>ONLY</u> if direct xpenditure to benefit C/O	S300 Oak Growerd Category (See categories listed at the top of this s EVENT EXPENSE Candidate / Officeholder name H Payee name, Dunamic Screen t Payee address; City; State; Z 300 Boare Road, Suit Burlesin, Texas 7603 Category (See categories listed at the top of this s Pryfing Expense Candidate / Officeholder name	Schedule) Description (ff) Office sought Druning Zip Code E G - 9 28 schedule) Description (ff) Office sought	ravel outside of Texas, complete Schedule T) Office held
OF EXPENDITURE complete ONLY if direct xpenditure to benefit C/O Date H210/13 Arbount (\$) 227.32 PURPOSE OF EXPENDITURE complete ONLY if direct xpenditure to benefit C/O Date H210/13	S300 Oak Growerd Category (See categories listed at the top of this s EVENT EXPENSE Candidate / Officeholder name H Payee name. Dunamic Screen t Payee address; City; State; Z 300 Boare Road, Suit Burlesin, Texas 7603 Category (See categories listed at the top of this s Pryching Expense Candidate / Officeholder name H Payee name Payee name Payee name Payee name Payee address; City; State; Z ALLS Keed St. The Worth, Tiexas 76	Schedule) Description (if the sought of th	ravel outside of Texas, complete Schedule T) Office held
OF EXPENDITURE	S300 Oak Growerd Category (See categories listed at the top of this s Event Expense Candidate / Officeholder name H Payee name. Dunamic Screen t Payee address; City; State; Z 300 Boare Road, Suit Burlesin, Texas 7602 Category (See categories listed at the top of this s Pryling Expense Candidate / Officeforder name H Payee name Payee name Payee name Payee address; City; State; Z Candidate / Officeforder name H	Schedule) Description (if the sought of th	ravel outside of Texas, complete Schedule T) Office held

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Austin, Texas 78711-2070

	EXPENDITURES		SCHEDULE F
	EXPENDITURE	CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 Files NAME & Leu	Ч	3 ACCOUNT # (Ethics Commission Filers
424 13	Mary Davidson	1.	
Ambunt (\$) 240.10	7. Payee address; City: Sta 6901 Windward U Forest Hill Terlas)ay 7/6/40	
PURPOSE OF EXPENDITURE	a category (See categories listed of the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	nt Office held
Date 4/24/13	Carrie Green 1		
Ambunt (#) 200.00	4208 Wilhelm St	ate: Zip Code reet 5 Null9	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	nt Office held
Pate 13	Dorothy Carey		
Ambunt (\$) 200-00	4133 Burke Road Fort Worth Texas	11e; Zip Code 7419	
PURPOSE OF EXPENDITURE	Category (See categories listed in the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
Date 4 2013 Amount (5)	Payee name Clark	tte; Zip Code	
200.00	5616 Arughton C my Worth, Tex	luence las Melon	
PURPOSE OF EXPENDITURE	Contract Labor	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name H	Office sough	t Office held

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PULITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	Solicitation/Fundraising Expense T Fravel In District C Fravel Out Of District	oan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FLER NAME Gray Ke	Ily	3 ACCOUNT # (Ethics Commission Filer
426 B	5 Payee name Carolyn Martin		
Ambunt (\$) 2DD-D	7 Payee address; City; State 2707 Enris and Int Worth, Tierlas	e; Zip Code 76/11	
PURPOSE OF EXPENDITURE	argategory (See categories listed at the top of	(b) Description (this schedule)	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
H29 13	Mutri POS		
Arhount (s) 127: D	Payee address; City: State 3131 J. Freeway And Worth, Terris 70	e; Zip Code 404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Office wernead Rep	this schedule) Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder hame OH	J Office sought	Office held
Date 4/29/13 Arriount (5)	Kimberly Russel	l	
Andount (5) 25. M	Jost Worth, Texas	; Zip Code 24/19	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description (If	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date SIII3 Armount (\$)	Payee name AP Amet Ame Payee address: / City-State	Office Store	
20.02	JSTOF HomesKal Memphis TN 38/18	\$	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Pruting Elbense	this schedule) Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officebolder name	Office sought	Office held

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