

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Kelly
Allen Gray

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ change of address

2820 Galvez Avenue
Fort Worth, Texas 76111

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 688-9586

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Phyllis
Allen W

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2707 Ennis Avenue
Fort Worth, Texas 76111

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 999-7887

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☐ July 15☒ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

04 / 02 / 13

05 / 01 / 13

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

05 / 11 / 13

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council
District 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen Gray, Kelly 15 ACCOUNT # (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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6,050.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,824.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,852.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,558.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT



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

Kelly Allen Gray
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 2nd day of May, 20 13, to certify which, witness my hand and seal of office.

Norma Marshall
Signature of officer administering oath

NORMA MARSHALL
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/5

2 FILER NAME

Allen, Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/4/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Vernell Shurns

6 Contributor address: City: State: Zip Code

612 Highwoods Trail
Fort Worth, Texas 76112

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

John Roach

Contributor address: City: State: Zip Code

2805 Alton Road
Fort Worth, Texas 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

Allen Hodges

Contributor address: City: State: Zip Code

306 W. 7th St., Ste 701
Fort Worth, Texas 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph Breedlove

Contributor address: City: State: Zip Code

1900 Bullpark Way, Ste. 110
Arlington, Texas 76006

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/13

Full name of contributor

☐ out-of-state PAC (ID#)

Erma Johnson Hadley

Contributor address: City: State: Zip Code

2362 Faett Court
Fort Worth, Texas 76119

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/5

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/15/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Edward P. Bass

7 Amount of contribution (\$)

1,500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address: City, State, Zip Code

201 Main St., Ste. 2700
Fort Worth, Texas 76102

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15/13

Full name of contributor

☐ out-of-state PAC (ID#)

CH2M Hill Texas PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

12377 Robert Dr. 10th Floor
Dallas, Texas 75251

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

Cynthia Cook Boling

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

4717 Norma St.
Fort Worth, Texas 76103

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

Good Government Fund

Amount of contribution (\$)

3,000.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

201 Main St., Ste. 2500
Fort Worth, Texas 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/13

Full name of contributor

☐ out-of-state PAC (ID#)

Glen W. Hahn

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

2804 Heritage Hills Ct.
Fort Worth, Texas 76109

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3/5	
2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dan Lawrence	7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2008 Four Oaks Lane Fort Worth, Texas 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Terry Grisham	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1893 Fort Worth, Texas 76101		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Betsy Price Campaign	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 10066 Fort Worth, Texas 76185		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael H. Patterson	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2310 W. Interstate 20, Ste 100 Arlington, Texas 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Franklin Moss Campaign	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5625 Eisenhower Fort Worth, Texas 76112		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4/5</i>	
2 FILER NAME <i>Allen Gray, Kelly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/29/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Don and Carolyn Hubbard</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1640 Oakland Blvd Fort Worth, Texas 76103</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Michael Phipps + Eddie Sakerka</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4451 Normandy Rd Fort Worth, Texas 76103</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>S. Lamm</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>James and Alexandra Beus</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1709 Watson St. Fort Worth, Texas 76103</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Dolores Roberts</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1651 Watson Road Fort Worth, Texas</i>		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/5

2 FILER NAME

Allen Gray Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/29/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Shannon Fletcher

6 Contributor address; City; State; Zip Code

5816 Levee Road Drive
Fort Worth, Texas 76107

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

Helene A. Hodges

Contributor address; City; State; Zip Code

306 W. 7th St. Ste 101
Fort Worth, Texas 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

F.W. Roundtable LLC

Contributor address; City; State; Zip Code

101 Summit Ave, Ste. 208
Fort Worth, Texas 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

Exxon Mobile PAC of Texas

Contributor address; City; State; Zip Code

5959 Las Colinas Blvd
Irving, Texas 75039

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

Law Office of Christopher Lewis

Contributor address; City; State; Zip Code

2301 N. Collins, Ste 238
Arlington, Texas 76011

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>19</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4/4/13</i>	5 Payee name <i>John Clark</i>	
6 Amount (\$) <i>160.00</i>	7 Payee address; City; State; Zip Code <i>5616 Houghton Ave Fort Worth, Texas 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <i>4/4/13</i>	Payee name <i>Frances Crawford</i>	
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4228 Reed St. Fort Worth, Texas 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <i>4/4/13</i>	Payee name <i>Corra Green</i>	
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>4208 Wilhelm Fort Worth, Texas 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <i>4/4/13</i>	Payee name <i>Brother Carey</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>4133 Burke Rd Fort Worth, Texas 76119</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>2/9</u>		2 FILER NAME <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/4/13</u>		5 Payee name <u>Mary Davidson</u>			
6 Amount (\$) <u>200.00</u>		7 Payee address; City; State; Zip Code <u>6901 Woodward Way</u> <u>Forest Hills, Texas 76140</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/4/13</u>		Payee name <u>Office Depot</u>			
Amount (\$) <u>101.73</u>		Payee address; City; State; Zip Code <u>401 Carroll St.</u> <u>Ft Worth, Texas 76107</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/5/13</u>		Payee name <u>Greater Meadowbrook News</u>			
Amount (\$) <u>248.00</u>		Payee address; City; State; Zip Code <u>P.O. Box 24264</u> <u>Ft Worth, Texas 76124</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/7/13</u>		Payee name <u>Larry Hemphill</u>			
Amount (\$) <u>750.00</u>		Payee address; City; State; Zip Code <u>8828 Coffey Lane</u> <u>Ft Worth, Texas 76134</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3/9	Allen Gray, Kelly	
4 Date	5 Payee name	
4/10/13	Frances Crawford	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
120.00	4228 Reed St. Fort Worth, Texas 76119	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
4/10/13	John Clark	
Amount (\$)	Payee address; City; State; Zip Code	
160.00	5616 Houghton Ave Fort Worth, Texas 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
4/10/13	Mary Davidson	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	6901 Woodward Way Forest Hill, Texas 76140	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
4/10/13	Dorothy Carey	
Amount (\$)	Payee address; City; State; Zip Code	
160.00	4133 Burke Road Fort Worth, Texas 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/9		2 FILER NAME Allen Gray, Kelly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/13		5 Payee name Carrie Green			
6 Amount (\$) 160.00		7 Payee address, City, State, Zip Code 4208 Wilhelm St. Fort Worth, Texas 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/10/13		Payee name Larry Hemphill			
Amount (\$) 1200.00		Payee address, City, State, Zip Code 80280 Stacy Lane Fort Worth, Texas 76134			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/10/13		Payee name Dynamic Screen Printing			
Amount (\$) 920.13		Payee address, City, State, Zip Code 300 Boone Road, Ste. A-9 Burleson, Texas 76028			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/16/13		Payee name Jubilee Theater			
Amount (\$) 250.00		Payee address, City, State, Zip Code 524 Main Street Fort Worth, Texas 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5/9</u>		2 FILER NAME: <u>Allen Gray Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>4/18/13</u>		5 Payee name: <u>John Clark</u>			
6 Amount (\$): <u>160.00</u>		7 Payee address; City; State; Zip Code: <u>5616 Noughton Ave Fort Worth, Texas 76107</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/18/13</u>		Payee name: <u>Frances Crawford</u>			
Amount (\$): <u>120.00</u>		Payee address; City; State; Zip Code: <u>4228 Reed St. Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/18/13</u>		Payee name: <u>Carrie Green</u>			
Amount (\$): <u>160.00</u>		Payee address; City; State; Zip Code: <u>4208 Wilhelm Street Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/18/13</u>		Payee name: <u>Dorothy Carey</u>			
Amount (\$): <u>160.00</u>		Payee address; City; State; Zip Code: <u>4133 Burke Road Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule): <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL 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

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 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
6/9	Allen Gray, Kelly	
4 Date	5 Payee name	
4/19/13	Flying Fish	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
110.23	2913 Montgomery Fort Worth, Texas 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage Expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/22/13	Greater Meadowbrook News	
Amount (\$)	Payee address; City; State; Zip Code	
248.00	P.O. Box 24264 Fort Worth, Texas 76124	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/22/13	Metro Mailer	
Amount (\$)	Payee address; City; State; Zip Code	
819.04	5719 E. Rosedale, Ste 809 Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/23/13	No Name Ads	
Amount (\$)	Payee address; City; State; Zip Code	
414.06	5625 Crowley Road #133 Fort Worth, Texas 76134	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL 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

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 Total pages Schedule F: <u>7/9</u>		2 FILER NAME <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/24/13</u>		5 Payee name <u>Dynamic Screen Printing</u>			
6 Amount (\$) <u>487.45</u>		7 Payee address; City; State; Zip Code <u>300 Boone Rd, Suite A-9</u> <u>Barleson, Texas 76028</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/25/13</u>		Payee name <u>Baptist Ministers Union</u>			
Amount (\$) <u>100.00</u>		Payee address; City; State; Zip Code <u>c/o Dr. L.S. Wilson</u> <u>5300 Oak Grove Rd W, Fort Worth, Texas 76134</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/26/13</u>		Payee name <u>Dynamic Screen Printing</u>			
Amount (\$) <u>427.32</u>		Payee address; City; State; Zip Code <u>300 Boone Road, Suite A-9</u> <u>Barleson, Texas 76028</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>4/26/13</u>		Payee name <u>Frances Crawford</u>			
Amount (\$) <u>200.00</u>		Payee address; City; State; Zip Code <u>4228 Reed St.</u> <u>Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>8/9</u>		2 FILER NAME: <u>Allen Gray, Kelly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>4/26/13</u>		5 Payee name: <u>Mary Davidson</u>			
6 Amount (\$): <u>240.00</u>		7 Payee address; City; State; Zip Code: <u>6901 Woodward Way Forest Hill, Texas 76140</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/26/13</u>		Payee name: <u>Carrie Green</u>			
Amount (\$): <u>200.00</u>		Payee address; City; State; Zip Code: <u>4208 Wilhelm Street Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/26/13</u>		Payee name: <u>Dorothy Carey</u>			
Amount (\$): <u>200.00</u>		Payee address; City; State; Zip Code: <u>4133 Burke Road Fort Worth, Texas 76119</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: <u>4/26/13</u>		Payee name: <u>John Clark</u>			
Amount (\$): <u>200.00</u>		Payee address; City; State; Zip Code: <u>5616 Houghton Avenue Fort Worth, Texas 76107</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9/9	2 FILER NAME Allen Gray Kelly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/26/13	5 Payee name Carolyn Martin	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 2707 Kris Ave Fort Worth, Texas 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/29/13	Payee name Metro PCS	
Amount (\$) 127.00	Payee address; City; State; Zip Code 3031 S. Freeway Fort Worth, Texas 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/29/13	Payee name Kimberly Russell	
Amount (\$) 125.00	Payee address; City; State; Zip Code 3704 Moberly Fort Worth, Texas 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/1/13	Payee name NP Home & Home Office Store	
Amount (\$) 120.02	Payee address; City; State; Zip Code 5510 E. Holmes Rd Memphis, TN 38118	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED