

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div> MS / MRS / MR <i>Mrs</i> NICKNAME </div> <div> FIRST <i>Kelly</i> LAST <i>Allen Gray</i> </div> <div> MI SUFFIX </div> </div>		<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <div style="text-align: center; font-weight: bold; color: red;">RECEIVED</div> <div style="text-align: center; color: red;">JAN 17 2017</div> <div style="text-align: center; color: red;">CITY OF FORT WORTH CITY SECRETARY</div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Received: </div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Hand-delivered or Date Postmarked: </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Processed: </div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Imaged: </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 1692 Fort Worth, TX 76101</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 688-9586</i>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div> MS / MRS / MR <i>Ms</i> NICKNAME </div> <div> FIRST <i>Phyllis</i> LAST <i>Allen</i> </div> <div> MI <i>W</i> SUFFIX </div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2707 Eppis Avenue Fort Worth, TX 76111</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 999-7887</i>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <i>7 / 1 / 16</i> </div> <div>THROUGH</div> <div> Month Day Year <i>12 / 31 / 16</i> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex;"> <div style="flex: 1;"> OFFICE HELD (if any) <i>FW City Council District 8</i> </div> <div style="flex: 1;"> OFFICE SOUGHT (if known) </div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Allen Gray, Kelly 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

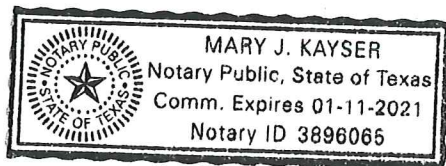
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,575.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>2,523.42</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,943.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>23,501.79</u>
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Allen Gray, this the 17th day of January, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Allen Gray, Kelly

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,575.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,420.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

1/18

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

7/13/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Glenn O. Lewis

7 Amount of contribution (\$)

450.00

6 Contributor address;

City; State; Zip Code

5600 Rockhill Rd Ft Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/13/16

Full name of contributor

☐ out-of-state PAC (ID#:

Roy Brooks Campaign

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

P.O. Box 16868 Ft. Worth, TX 76162

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/16

Full name of contributor

☐ out-of-state PAC (ID#:

FW Firefighters Committee

Amount of contribution (\$)

5,000.00

Contributor address;

City; State; Zip Code

3855 Tulsa Way Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

☐ out-of-state PAC (ID#:

Dan Lowrance

Amount of contribution (\$)

2,000.00

Contributor address;

City; State; Zip Code

2008 Four Oaks Ln Ft. Worth, TX 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 Total pages Schedule A1:

2 of 8

2 FILER NAME

Allen Gray Kelly

3 Filer ID# (Ethics Commission Filers)

4 Date

10/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hayden H. Cutler, Jr.

Contributor address; City; State; Zip Code

3825 Camp Bowie St. Wt. Worth, TX 76102

7 Amount of contribution (\$)

2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/3/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hammer & Nails Club Candidate

Contributor address; City; State; Zip Code

100 E. 15th St. Ft. Worth, TX 76102
Ste. 600

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

First Cash, Inc. Multi-Candidate PAC

Contributor address; City; State; Zip Code

1600 W. 7th St. Ft. Worth, TX 76102

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

West & Associates, LLP

Contributor address; City; State; Zip Code

320 S. R.L. Thornton Dallas, TX 75203
Ste. 300

Amount of contribution (\$)

500.00

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 Total pages, Schedule A1:

3 of 8

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tracy L Green

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/4/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Canvey Hanger LLP

Amount of contribution (\$)

2,500.00

Contributor address;

City; State; Zip Code

Canvey Hanger Plaza
600 W 6th St, Ste 300 Ft. Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linda Christie

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1129 Picasso Drive Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darren L. James

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

1505 Sequoia Grove Lewisville, TX 75067

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 Total pages Schedule A1:

4 of 8

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

11/8/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Lee Proctor

Contributor address;

City; State; Zip Code

P.O. Box 765129 Dallas, TX 75216

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/6/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James + Gloria Austin

Contributor address;

City; State; Zip Code

2401 Scott Ave Ft. Worth, TX 76103

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alfred + Elia Saenz

Contributor address;

City; State; Zip Code

407 Throckmorton PH 7 Ft. Worth, TX 76102

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brinton Payne

Contributor address;

City; State; Zip Code

6321 Juneau Rd Ft. Worth, TX 76116

Amount of contribution (\$)

100.00

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 Total pages Schedule A1:

5 of 8

2 FILER NAME

Allen Gray, Kelly

3 Filer ID# (Ethics Commission Filers)

4 Date

11/7/16

5 Full name of contributor

Don Allen

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

7302 Tidal Trace Arlington, TX 76016

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/7/16

Full name of contributor

Lee Nicol

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

3882 South Hills Cir. Ft. Worth, TX 76109

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

Lorraine C. Miller

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

1220 E. Terrell Ave Ft. Worth, TX 76104

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/16

Full name of contributor

Trelaine M. Mapp

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

12612 Beech Tree Ln Euless, TX 76040

City; State; Zip Code

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 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

Allen Gray, Kelly

11/7/16

Jeffery B. Postell, Jr.

4029 Driskell Blvd Ft. Worth, TX 76107

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/7/16

Wanda Conlin / Donald Boren

1755 Marvel Ave Ft. Worth, TX 76103

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/7/16

Thomas L. Krampitz

807 N. Oak Cliff Blvd Dallas, TX 75208

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/7/16

David Parker

6212 Curzon Ave Ft. Worth, TX 76116

100.00

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 Total pages Schedule A1: **7 of 8**

2 FILER NAME

Allen Gray, Kelly

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/16

5 Full name of contributor

Demetrius Cook

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

1919 Tremont Ct. Arlington, TX 76015

City; State; Zip Code

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/25/16

Full name of contributor

Charles R. Boswell

☐ out-of-state PAC (ID#: _____)

Contributor address;

5213 Byers Ave Ft. Worth, TX 76107

City; State; Zip Code

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/16

Full name of contributor

Freese & Nichols PAC

☐ out-of-state PAC (ID#: _____)

Contributor address;

4055 International Plaza Ft. Worth, TX 76109

City; State; Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/16

Full name of contributor

Charles M. Groomer

☐ out-of-state PAC (ID#: _____)

Contributor address;

6324 Skyark Circle Ft. Worth, TX 76180

City; State; Zip Code

Amount of contribution (\$)

250.00

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 Total pages Schedule A1:

8 of 8

2 FILER NAME

Allen Gray, Kelly

3 Filer ID# (Ethics Commission Filers)

4 Date

11/2/16

5 Full name of contributor

Carol Terry

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

5648 DeCory Rd

City; State; Zip Code

H. Worth, TX 76134

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 3</i>	2 FILER NAME <i>Allen Gray Kelly</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/20/16</i>	5 Payee name <i>Darnell Porter - BCE Studios</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>1016 Camino La Costa #1307 Austin, Texas 78752</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Photographer for Event</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>9/23/16</i>	Payee name <i>Tony Gowan</i>	
Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>3101 E. 12th St. Ft. Worth, TX 76111</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>10/10/16</i>	Payee name <i>Southside Comm. Ctr.</i>	
Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>959 E. Rosedale St. Ft. Worth, TX 76104</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation for Senior Dinner</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Allen Gray, Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 11/2/16	5 Payee name Samaritan House	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 929 Hemphill St. Ft. Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/10/16	Payee name Brighter Outlook Family Center	
Amount (\$) 120.00	Payee address; City; State; Zip Code 4910 Durbar St. Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 11/10/16	Payee name Texas Wesleyan University	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1201 Wesleyan St. Ft. Worth, Texas 76105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Allen Gray, Kelly	3 Filer ID (Ethics Commission Filers)
4 Date 12/1/16	5 Payee name Table 21 Catering	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 7624 High Meadow Dr. Ft. Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense William James MS Bethlehem Comm. Ctr.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED