

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)  
CITY OF FORT WORTH  
CITY SECRETARY

2 Total pages filed:

12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mrs. Kelly  
NICKNAME LAST

FIRST

Allen Gray

MI  
SUFFIX

OFFICE USE ONLY

Date Received

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2820 Gabeaux Avenue  
Fort Worth, Texas 76111☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 688-9586

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs. Phyllis  
NICKNAME LAST

FIRST

Allen

MI

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2707 Knorr Avenue  
Fort Worth, Texas 761118 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

7 / 1 / 2014

THROUGH

Month

Day

Year

12 / 31 / 2014

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth City Council  
District 8

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Kelly Allen Gray*

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

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

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,765.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 3,100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,502.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

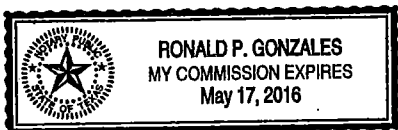
\$ 14,836.32

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 15th day of January, 20 15, to certify which, witness my hand and seal of office.

*Ronald P. Gonzales*

Signature of officer administering oath

Ronald P. Gonzales

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 of 7

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/11/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Valerie Jackson Hawkins

6 Contributor address; City; State; Zip Code

8000 Plateau  
Fort Worth, Texas 76120

7 Amount of contribution (\$)

500.00

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

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Good Government Fund

Contributor address; City; State; Zip Code

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

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/14

Full name of contributor

☐ out-of-state PAC (ID#)

Holt Hickman

Contributor address; City; State; Zip Code

5800 Merrymount Road  
Fort Worth, Texas 76107

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/14

Full name of contributor

☐ out-of-state PAC (ID#)

Lisa R. Woodward Campaign

Contributor address; City; State; Zip Code

P.O. Box 15961  
Fort Worth, Texas 76119

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)

Date

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Randle D. Howard

Contributor address; City; State; Zip Code

1920 Cliffbrook Court  
Fort Worth, Texas 76112

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 of 7

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/14/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

Devoyd Jennings

6 Contributor address; City; State; Zip Code

4551 Parkwood Drive  
Fort Worth, Texas 76140

7 Amount of  
contribution (\$)

75.00

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

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Half Assoc. - State PAC

Contributor address; City; State; Zip Code

1201 N. Bowser Road  
Richardson, Texas 75081

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

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Jim and Gloria Austin

Contributor address; City; State; Zip Code

2017 Teakwood Trce  
Fort Worth, Texas 76112

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

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Johnson, Vaughn Heiskell

Contributor address; City; State; Zip Code

5601 Bridge St, Ste 220  
Fort Worth, TX 76112

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

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Robert and Deborah Hunt

Contributor address; City; State; Zip Code

802 Kleberg Court  
Southlake, Texas 76092

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule A:

3 of 7

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/14/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cash America PAC

6 Contributor address; City; State; Zip Code

1600 W. 7th Street  
Fort Worth, Texas 76102

7 Amount of  
contribution (\$)

500.00

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

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Wanda Conlin and Don Boren

Contributor address; City; State; Zip Code

1755 Martel Ave.  
Fort Worth, Texas 76103

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

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Toby Owen

Contributor address; City; State; Zip Code

1113 Shady River Ct S  
Benbrook, Texas 76126

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)

Date

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Freese and Nichols PAC

Contributor address; City; State; Zip Code

4055 International Plaza, Ste 200  
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

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kenneth L. Barr

Contributor address; City; State; Zip Code

3101 Normdale Avenue  
Fort Worth, Texas 76109

Amount of  
contribution (\$)

150.00

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: *4 of 7*

2 FILER NAME

*Allen Gray, Kelly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*11/14/14*

5 Full name of contributor

*Darren L. James*

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

*1505 Sequoia Grove Ln  
Lewisville, Texas 75067*

7 Amount of contribution (\$)

*500.00*

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

*11/14/14*

Full name of contributor

*James D. Bennett, Jr.*

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*116 SE Harris Street  
Burleson, Texas*

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

*11/14/14*

Full name of contributor

*Joshua Thomas*

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*5012 Enclave Dr. Apt 831  
Fort Worth, Texas 76132*

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

*11/14/14*

Full name of contributor

*Joseph E. DeLeon*

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*6828 Lancelot Court  
Fort Worth, Texas 76133*

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)

Date

*11/14/14*

Full name of contributor

*Thomas L. Krampitz*

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*807 N Oak Cliff Blvd  
Dallas, Texas 75208*

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 of 7

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT# (Ethics Commission Filers)

4 Date

11/14/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

FW Retired Firefighters & Widows

6 Contributor address; City; State; Zip Code

1617 Tierney Road  
Fort Worth, Texas 76112

7 Amount of contribution (\$)

500.00

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

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

James Charles Pruett

Contributor address; City; State; Zip Code

P.O. Box 444  
Hurst, TX 76053

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

J. D. Thomas

Contributor address; City; State; Zip Code

P.O. Box 14959  
Fort Worth, Texas 76117

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kathleen Thomas

Contributor address; City; State; Zip Code

2355 S. Riverside Dr.  
Fort Worth, Texas 76104

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

11/14/14

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Campbell

Contributor address; City; State; Zip Code

5932 Village Course Cir. Apt 925  
Fort Worth, Texas 76119

Amount of contribution (\$)

200.00

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:

6 of 7

2 FILER NAME

Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/14/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

Jeremy & Kriston Tuck

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Fort Worth Firefighters PAC

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3855 Tulsa Way  
Fort Worth, Texas 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/14

Full name of contributor ☐ out-of-state PAC (ID#)

Norma Roby

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7578 Morrison Court  
Fort Worth, Texas 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor ☐ out-of-state PAC (ID#)

Robert E. Terrell

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7629 Nutwood Place  
Fort Worth, Texas 76133

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor ☐ out-of-state PAC (ID#)

Michael & Beverly Reilly

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1017 S. FM Road 5  
Aledo, TX 76008

(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: *7 of 7*

2 FILER NAME

*Allen Gray Kelly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*11/14/14*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*William W. Meadows*

6 Contributor address; City; State; Zip Code

*3904 Hamilton Avenue  
Fort Worth, Texas 76107*

7 Amount of contribution (\$)

*100.00*

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

*12/17/14*

Full name of contributor

☐ out-of-state PAC (ID#)

*Robert Benda*

Contributor address; City; State; Zip Code

*608 Paint Pony Trail N  
Fort Worth, Texas 76108*

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

*12/17/14*

Full name of contributor

☐ out-of-state PAC (ID#)

*Margaret W. De Moss*

Contributor address; City; State; Zip Code

*2600 W. 7th St., #2644  
Fort Worth, TX 76107*

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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  
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: <i>1 of 3</i>	2 FILER NAME <i>Allen Gray, Kelly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7/22/14</i>	5 Payee name <i>Tom Higgins Retirement Fund</i>	
6 Amount (\$) <i>(500.00)</i>	7 Payee address; City; State; Zip Code <i>1000 Throckmorton, Fort Worth, Texas 76102</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Gift/Awards</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Retirement Gift</i> <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
Date <i>7/31/14</i>	Payee name <i>Tarrant County Black Genealogical Society</i>	
Amount (\$) <i>(50.00)</i>	Payee address; City; State; Zip Code <i>1020 E. Humboldt St., Fort Worth, Texas 76104</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Memorial Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad in Brochure</i> <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 <i>9/11/14</i>	Payee name <i>Woodhaven Scholarship Fund</i>	
Amount (\$) <i>(500.00)</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Awards/Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sponsorship</i> <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 <i>11/22/14</i>	Payee name <i>True Love Supper Church</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>1811 Yuma Fort Worth, Texas 76104</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation for Turkeys</i> <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****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 of 3** 2 FILER NAME **Allen Gray, Kelly** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **11/25/14** 5 Payee name **Silver Stars (Cowboy Santos)**

6 Amount (\$) **100.00** 7 Payee address; City; State; Zip Code  
**1000 Throckmorton Fort Worth, Texas 76102**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Donation** (b) Description (If travel outside of Texas, complete Schedule T) **Christmas Give-a-Way**  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/18/14** Payee name **Lisa Woodard Campaign**

Amount (\$) **100.00** Payee address; City; State; Zip Code  
**P.O. Box 15961 Fort Worth, Texas 76119**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Donation** Description (If travel outside of Texas, complete Schedule T) **Political Contribution**  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/21/14** Payee name **Norma Marshall**

Amount (\$) **200.00** Payee address; City; State; Zip Code  
**2817 E. 4th St. Fort Worth, Texas 76111**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Food/Beverage** Description (If travel outside of Texas, complete Schedule T) **Holiday Event**  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/10/14** Payee name **Table 21**

Amount (\$) **500.00** Payee address; City; State; Zip Code  
**7620 Highland Fort Worth, Texas 76112**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Event Expense** Description (If travel outside of Texas, complete Schedule T) **Wm. James MS Luncheon**  
☐ 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****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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<i>3 of 3</i>	<i>Allen Gray, Kelly</i>		
<b>4</b> Date	<b>5</b> Payee name		
<i>12/30/14</i>	<i>FW Water Department</i>		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<i>202.13</i>	<i>908 Monroe Fort Worth, Texas 76102</i>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	<i>Other</i>		<i>Payment for Constituent</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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

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