Texas Etnics Commission	on P.O. Box 12070	Austin, Texas 78	ON 3 (512) 4	63-5800 (TDD 1-800-735-2989
	TE / OFFICEH N FINANCE F	/ V/	RECEIVED OF TO	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to con	nplete this form.	1 ACCOUNT # THE COUNT # THE COUNT # THE COUNT # THE COUNT # THE COUNTY OF THE COUNTY SECURE (NRY SECUR	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MICKNAME	PIBET LAST	SUFFIX	OFFICE USE ONLY Date Received OFFICIAL RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SL 2820 Galuez C Grif Worth, The	rgray cirx; were left to	STATE; ZIP CODE	CITY SECRETARY FT. WORTH, TX Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE (8/7) 488-95	NUMBER	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/M9S/MR M5. NICKNAME	FIRST YUG LAST LEW	W. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE 2007 Ennes Gort World, T	EASE); APT/SUITE#; Wenue Tuyas 74111	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (8/7) 999-788	NUMBER	EXTENSION	
9 REPORT TYPE		Oth day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / / / / / / / / / / / / / / / / / /	THROUGH	limit Day	
11 ELECTION	Month Day Year	ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	Antwork a District 8	Ly Council	13 OFFICE SOUGHT (if known)	
		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Gray 1	le llef	15 ACCOUNT # (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 2D. D
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	* 13,765. N * 13,765. N EMIZED \$3,100. N
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	:MIZED \$3,100.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,502, DO DAY \$ 14836,32
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$14,836.32
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
			of perjury, that the accompanying report
300000000		me under Title 15 Election Code.	
	RONALD P. GONZALES MY COMMISSION EXPIRE May 17, 2016	Stelle Sta	iu
S. W. W.		Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAMI		Kell Allen Gra	Ay this the
Sworn to and subs	of Januar	ile, by the said	my hand and seal of office.
Rmaes P (myl	Runald P. Gonzales	notary
Signature of officer admir	nistering path	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

			·····	
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	nedule A:
2 FIXERNAME	Gray Kelly		3 ACCOUNT# (E	Ethics Commission Filers)
8/11/14	5 Eall name of contributor out-of-state PAC (ID#). Value Contributor activess; City; State; Zip Code	Kino	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
, .	Fort Worth, Treylas 76,	120		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· ' '	,
Date,	Juli name of contributor out-of-state PAC (ID#_	ind	Amount of contribution (\$)	In-kind contribution description (if applicable)
7 pay 17	20/Main St., Ste 25 00	D .	2,500.00	
	Fort Worth, Taxas 761		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
9/2/14	Full name of contributor out-of-state PAC (ID#_ With Hokman Contributor address; City; State; Zip Code Soo Murry mount Koad		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Fort Worth, Turkus 7410	7 7	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date [1][4][4]	Full name of contributor out-of-state PAG(1D#_	paign	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributory ddress; City; State; Zip Colde P. D. Bux 15961 Fort Worth, Tuyas 74119		100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	1920 Cliffbrook Court Fort Worth, Texas 76/12	Z	250. N	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

				
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER MANYE	en Gray Kelly		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/14/14	6 Contributor address; City; State; Zip Code 4551 Farkusod Drive 2 + 11/2 1/4 - 15	,	75.00	!
	Fort Worth, Tuxus 7614	-0	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full pame of contributor out-of-state PAC (ID#_	1C	Amount of contribution (\$)	In-kind contribution description (if applicable)
11 14 14	Contributor address; City State; Zip Code 1201 N. Bousser Road Richardson, Tuyas 75081		500.00	
	100 60 6000 1 10 1001		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Figli name of contributor out-of-state PAC (ID#_	/ _n	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	2017 Teakwood Itae Fort Worth, Turas 76/12	2	250.00	
	7, 1-			f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Juli name of contributor out-of-state PAC (ID#_	el	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code, 5601 Bridge St., Ste 220 April 1012)	250.00	
	TOPP WOPPIC, I'M WIND			Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State: Zip Code	int	Amount of contribution (\$)	In-kind contribution description (if applicable)
/' '/'	802 Kleberg Court Southlake, Texas 76092		(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		roxas, complete schedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070 **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	. nr. vm n. n. n			
The	e Instruction Guide explains how to complete th	is form.	1 Total pages/Sch	pedule A:
2 FILER NAME	Gray Kelly		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full rame of contributor out-of-state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/14/14	6 Contributor address; City, State; Zip Cod		500.00	[
	Fort Worth, Texas 16/02	,	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Bores	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	Contributor address; City: State; Zip Code 1755 Martel Cive. Fort Worth Towas 76/0	_	250.00	
	Fort Worth, luxus 1610	·	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	Contributor Address; Oty; State; Zip Code		100.00	
	BUNDROUK, MEXILE 16126		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See ii		Total Complete Concessor ()
Date	Full name of contributor out-of-state PAC (ID#:	AC .	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	Contributor address; City State; Zie Code 4055 International Place	a, 5k 200	250.00	
	Fort Worth, Myas 16/09	'	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		Toxas, complete constant ()
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/14	Contributor address; City State: Zip Code	,	150.00	
	TORI WITHI, 1845 1610	7	 (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
				· · · · · · · · · · · · · · · · ·

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	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
T	he Instruction Guide explains how to complete thi	is form.	1 Total pages Sal	hedule A:
2 FILER NAW	Gray Kelly		3 ACCOUNT (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
יוןואיןוא	6 Contributor address; City; State; Zip Code 1505 Sequoia Grove, Lewisville, Texas 7506;	CU	500.00	
	<u> </u>		-t	of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date ////4//4	Juli name of contributor out-of-state PAC (ID#_ Dumes Demutt, Jv. Contributor address; City; State; Cip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
7.77	Me SE Harris Street Burleson, Treyas		(If travel outside of	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
114/14	Contributor addressy City: State; Zip Code 50/2 Encluve Dr. Apt 8	31	250.00	
	rore with, luxus 10102		(If travel outside o	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
אוןיזוןי	Contributor, address; City; State; Zip Code 1828 Lance Lot Court Fort Worth, Texas 76/33	,	100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
, moleculoso	paner, con une (coe mondene)	pioyor (000 ii	non delicine)	
Date	Full name of contributor out-of-state PAC (ID#:_ Thomas L. Krampitz		Amount of contribution (\$)	In-kind contribution description (if applicable)
ירו <i>וריו</i> וןי	Sof N Oak Cuff Blvd	,	i	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
i molpai occu	Padott t dob title (Gee Histitictions)	Employer (See If	เอน นดแบบร)	

P.O. Box 12070

SCHEDULE A

The Instruction Gui	ide explains how to complete th	his form.	1 Total pages Sch	nedule A:
2 FIXED MAME OF CHILL	elly		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 5 Full flame o	of contributor out-of-state PAC (ID#)idous	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/14/14 6, Contributor 16/7 Tie	address; City State; Zip Cod	_	500.10	
Gort Wo	orth, Turlas (lell)	Z	(If travel outside	l of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See		· · · · · · · · · · · · · · · · · · ·
Date F0 name of	f contributor out-or-shele PAC (ID#	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14 Contributor	address, City, State; Zip Code	e	200.00	
Munst,	TK 76053		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		Trokes, complete contestate 1)
Date Full name of	contributor 🗆 out-of-state PAC (ID#.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor a	address; City; State; Zip Code X 14959		400.00	
Fort Wor	Ah, Trexas 7611	7	l (If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (S	See Instructions)	Employer (See I	nstructions)	
Date Full name of	contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	łn-kind contribution description (if applicable)
(14/14 Contributor a 3555	ddress), City; State; Zip Code		250.00	
	MM 1121/16.5 1101(1)	۲ ا	(If travel outside of	Texas, complete Schedule T)
Jore Wit	-th, ruxus ruro		(II travel outside of	
Principal occupation / Job title (S		Employer (See II		Total Complete Contracts ()
	See Instructions) contributor	,		In-kind contribution description (if applicable)
Principal occupation / Job title (S	contributor out-of-state PAC (ID#:_	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (S	contributor out-of-state PAC (ID#:_ contributor out-of-state PAC (ID#:_ doings: Out-of-state PAC (ID#:_ doings: State; Zip Code; doings: Note of the cod	Employer (See In	Amount of contribution (\$)	In-kind contribution

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P.O. Box 12070

SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc	Medule A:
2 FILER WAME	Gray Kelly		3 ACCOUNT#/(I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	eK.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
דינויי	6 Contributor address; City; State; Zip Code	•	250.00	
O Dringing a		T	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
9 Principal occi	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Fort Worth Grefighter	PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
דיוןדיוןיי	Contributor address; City; State; Zip Code		2,500.00	!
	Fort Worth, Trexas (lelo	((If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/14	Contributor address; City; State; Zip Code 7578 Mirrism Court		250.00	
	Fort Worth, Texas 7611	2	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
4/2/1	Robert E. Terrell Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
11/24/14	7629 Nutwood Place	2	150.00 j	ı
	Fort Worth, Tuylas Nel3	9	(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC(ID#:		Amount of	In-kind contribution
11/24/14	Contributor address; City State; Zip Code	y	contribution (\$)	description (if applicable)
"/~"//	10175. FM Road 5	<u> </u>	500.00	
-	aledo, 1x 16008		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		complete conedule 1)
			. ,	

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SCHEDULE A

				
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages So	nedule A:
2 EKER MAME	Gray Kelly		3 ACCOUNT (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: William W Meadow: 6 Contributor address; City; State: Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3904 Hamilton livere	w 1e107	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	10 Employer (See		Trickey complete conceder ty
Date /2/p/	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
'ArijiA	Contributor address; City; State; Zip Code le OB Paint Pony Trail A Port Worth Tolks 7/0/08		250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Margaret W. De Mass Contributor address: City: State: 70 Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/11/14	Contributor address; City; State; Zip Code	/ /	600	•
1 /	2600 W. Jen St., " 264	4	50.00	
Principal occup	2600 W. 14h St., #264 Fort Worth, TX 16107 Dation / Job title (See Instructions)	Employer (See	(If travel outside o	of Texas, complete Schedule T)
Principal occup	Fort Worth, TX 16107	7	(If travel outside o	of Texas, complete Schedule T) In-kind contribution description (if applicable)
	Art Worth, TX 16/07 pation / Job title (See Instructions)	7	(If travel outside of Instructions) Amount of	In-kind contribution
Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_	7	(If travel outside of instructions) Amount of contribution (\$)	In-kind contribution
Date	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Date Principal occup	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#;	Employer (See	(If travel outside of Instructions) Amount of contribution (\$) (If travel outside of Instructions)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Control Solicitation/Fundraisin Travel In District Travel Out Of District	g Expense T C	ontributions/Donation Candidate/Officeh	ment & Related Expense ons Made By older/Political Committee
Fees	Printing Expense	Office Overhead/Rent	-	• •	gory not listed above)
	The Instruction Guide	explains now to con	npiete this form		
1 Total pages Schedule F:	2 FILERINAME / COMPANY / LE	lly		3 ACCOUNT #	(Ethics Commission Filers)
4 pate //	5 Payee name / C / M / 199 MS /	retirement	- Juna		
6 Amount (\$) (577) . (1)	7 Payee address; // City; State /000 Throckmortin,	di Zip Code 4n-4 Win	the Trey	las Ule 10	2
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b	Description (If	travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Gift/awards		Kenrenne CheckifAus	ent bift tin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 7/3/14	Payee name Lounty /	Black Ge	nea logic	al Socie	ty
Amount (\$)	Payee address; / Git/; Stat	e; Zjp Code			. (,
(50.00	1020 E. Humbolt	St., Fort 0	Vorta,	Trefas U	104
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Mennal Expense		Check if Aust	tin, TX, officeholder livi	e ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
Date 9/11/14	Payer name Scale S	holar-ship	Aund	/	
Amount (\$)	Payee address; City; State	e; Zip Code			
500.00					
PURPOSE	Category (See categories listed at the top of	f this schedule)	Bescription (If I	ravel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	authoris 1) notin	, \		S/UP in, TX, officeholder livi	na expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholdername		Office sought	.,	Office held
			7		
Date // //	Payee name / Sunce	Luary (Juch		
Amgunt (\$1 250.00	Payee address; City; State	e; Zip Code (Terjas i	14604	
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If t	ravel outside of Texas, e	omplete Schedule T)
OF EXPENDITURE	Donation	₽ P	Checkif Auer	In, TX, officeholder living	U/5 ndexpense
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/C	DH			· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS NE	EDED	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Conf	tract Labor Lo	an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraisi	ing Expense Tr	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Co	ntributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Distric	ct	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rer	ntal Expense O	THER (enter a category not listed above)
	The Instruction Guide	e explains how to co	omplete this form.	
1 Total pages Schedule F:	2 FICTOR NAME	11		3 ACCOUNT # (Ethics Commission Filers)
2 1 3	allen (star 14		,	
2019	1 0//	704 1		
4 Date	5 Payee name	11111 51		
11125114	Willes Just (COWOUL VA	intas!	
6 Annount (\$)		ate; Zip Cgde	,	
	100 - 10	11/1/1/1/		71 100
100.00	1000 /hrockmorton	York Works	h, Tuyas	(610%
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) ((b) Description (if to	avel outside of Texas, complete Schedule T)
OF	(L)	•	Christin	as (Sin Bh)
EXPENDITURE	Isna Irn		<u> </u>	== G, v = 50 -54
:	00000			n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	ЭН			•
/ / /	Para nama	\sim		
Date /	Payee name			
12118114	hisa Woldard	anpug.	2	
Amount (\$)	Payee address; City; Sta	ate; Zip/Code		
	DA Rol 1501		·	7/ 110
100.00	J. D. DIX 10961 9	fort Worth,	Trejas i	4119
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	avel pulsige of Texas, complete Schedule T)
OF			MILLA	110 4 h.L.
EXPENDITURE	1)mitim		Charles FAustin	TX, officeholder living expense
	Sorjacino			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	^{)H} /			
/_/_				
Date /	Payee name			•
12121 114	Morma Marsha	ill Control		
Amount (\$)	Payee address; / City; Sta	ite; Zip Code		
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200.00	28/7 P 444 JY	Got Ilorth	Tesas i	(4)//
000.00	0,011 10.7 01.	101 000011		, · · · · · · · · · · · · · · · · · · ·
	Category (See categories listed at the top	of this schedule)	Description (if to	avel outside of Texas, complete Schedule T)
PURPOSE	11/1		KLING	Funt
OF EXPENDITURE	Wood Beverage		FOUCAY	TX, officeholder living expense
EXPENDITURE	7, 9, 5			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			•
Date /	Payee name			
12/10/14	Who XI	•		
Amount (\$)	Payee address;/ / Çity; Stat	te; Zip Code	·	
rangung (4)	Tayor address, July, Char		11.	0
(LT) 1)	(1121) Hah (localis)	bottele	the Tresas	(4112.
00.00	The Res 119 the Course	10100014	oc, region	(Q1.20
	Category (See categories listed at the top	of this schedule)	Description (If to	evel outside of Texas, complete Schedule T)
PURPOSE	17	1/.		his!
OF	Kirk Kypense	u	m. Junes	, , , , , , , , , , , , , , , , , , , ,
EXPENDITURE	- Company	<u> </u>		, TX, officeholder fiving expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	ЭН			
	ATTACH ADDITIONAL CO	DIES OF THIS SO	HEDIII E AQ NE	:DED
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(TDD 1-800-735-2989)

SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Consulting Expense

Texas Ethics Commission

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Austin, Texas 78711-2070

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense		rel Out Of District ce Overhead/Rental Expense	Candidate/Officeholder/Political Committee
Fees	,	ains how to complete this fo	OTHER (enter a category not listed above) orm.
1 Total pages Schedule F:	2 FILER NAME) Kelly		3 ACCOUNT # (Ethics Commission Filers)
4 Date (2) 14	5 Payee name / Kpart me	ent	
6 Amount (\$)	7 Payee address; Oty; State;	Zip Code	
202.13	908 Morroe Fort Wi	the Trefas 76/1	2
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other		Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF	Category (See categories listed at the top of this s	ichedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	ip Code	
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		☐ Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	ip Code	
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED