# 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

**OFFICE USE ONLY**

Date Received

RECEIVED
MAY - 3 2013
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

| | |
|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mrs. FIRST: Kelly MI: NICKNAME: LAST: Allen Gray SUFFIX: |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address | ADDRESS / PO BOX: 2820 Galvez Avenue APT / SUITE #: CITY: Fort Worth STATE: Texas ZIP CODE: 76111 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE: (817) PHONE NUMBER: 688-9586 EXTENSION: |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Ms. FIRST: Phyllis MI: W. NICKNAME: LAST: Allen SUFFIX: |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): 2707 Ennis Avenue APT / SUITE #: CITY: Fort Worth STATE: Texas ZIP CODE: 76111 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (817) PHONE NUMBER: 999-7887 EXTENSION: |

**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: 04 / 02 / 13 THROUGH Month / Day / Year: 05 / 01 / 13

**11 ELECTION**

ELECTION DATE Month / Day / Year: 05 / 11 / 13

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Ft. 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 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.

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 | $ 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 | $ 15,558.69 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ — |

**18** AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
Norma Jean Marshall
My Commission Expires
12/11/2016

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, 2013, to certify which, witness my hand and seal of office.

Norma Marshall — NORMA MARSHALL — NOTARY
Signature of officer administering oath — Printed name of officer administering oath — 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: 15

2 FILER NAME: Allen, Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 04/4/13 | Vernell Sturns<br>612 Highwoods Trail<br>Fort Worth, Texas 76112 | 200.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/4/13 | John Roach<br>2805 Alton Road<br>Fort Worth, Texas 76109 | 250.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/12/13 | Allen Hodges<br>306 W. 7th St., Ste 701<br>Fort Worth, Texas 76102 | 500.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/12/13 | Joseph Breedlove<br>1900 Ballpark Way, Ste. 110<br>Arlington, Texas 76006 | 500.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/15/13 | Erma Johnson Hadley<br>2362 Faett Court<br>Fort Worth, Texas 76119 | 250.00 | |

☐ out-of-state PAC (ID#: ____)

(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 foradditional 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 | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/15/13 | Edward P. Bass<br>201 Main St., Ste. 2700<br>Fort Worth, Texas 76102 | 1,500.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 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) |
|---|---|---|---|
| 4/15/13 | CH2M Hill Texas PAC<br>12377 Merit Dr. 10th Floor<br>Dallas, Texas 75251 | 500.00 | |

(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) |
|---|---|---|---|
| 4/16/13 | Cynthia Cook Boling<br>4717 Norma St.<br>Fort Worth, Texas 76103 | 200.00 | |

(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) |
|---|---|---|---|
| 4/16/13 | Good Government Fund<br>201 Main St., Ste. 2500<br>Fort Worth, Texas 76102 | 3,000.00 | |

(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) |
|---|---|---|---|
| 4/18/13 | Glen W. Hahn<br>2804 Heritage Hills Ct.<br>Fort Worth, Texas 76109 | 200.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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# 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 | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/22/13 | Dan Lawrance<br>2008 Four Oaks Lane<br>Fort Worth, Texas 76107 | 5,000.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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) |
|---|---|---|---|
| 4/26/13 | Terry Grisham<br>P.O. Box 1892<br>Fort Worth, Texas 76101 | 100.00 | |

(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) |
|---|---|---|---|
| 4/26/13 | Betsy Price Campaign<br>P.O. Box 10066<br>Fort Worth, Texas 76185 | 250.00 | |

(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) |
|---|---|---|---|
| 4/26/13 | Michael H. Patterson<br>2310 W. Interstate 20, Ste. 100<br>Arlington, Texas 76017 | 1,000.00 | |

(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) |
|---|---|---|---|
| 4/29/13 | Franklin Moss Campaign<br>5625 Eisenhower<br>Fort Worth, Texas 76112 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4/5

2 FILER NAME: Allen Gray, Kelly

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/13 | Don and Carolyn Hubbard<br>1640 Oakland Blvd<br>Fort Worth, Texas 76103 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 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) |
|---|---|---|---|
| 4/29/13 | Michael Phipps + Eddie Sakerka<br>4451 Normandy Rd<br>Fort Worth, Texas 76103 | 100.00 | |

(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) |
|---|---|---|---|
| 4/29/13 | S. Lamm | 100.00 | |

(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) |
|---|---|---|---|
| 4/29/13 | James and Alexandra Bews<br>1709 Watson St.<br>Fort Worth, Texas 76103 | 50.00 | |

(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) |
|---|---|---|---|
| 4/29/13 | Dolores Roberts<br>1651 Watson Road<br>Fort Worth, Texas | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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# 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 | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/29/13 | Shannon Fletcher<br>5816 Leveland Drive<br>Fort Worth, Texas 76107 | 150.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/1/13 | Leland A. Hodges<br>306 W. 7th St., Ste 101<br>Fort Worth, Texas 76102 | 500.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/1/13 | FW Roundtable LLC<br>101 Summit Ave, Ste. 208<br>Fort Worth, Texas 76102 | 500.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/1/13 | Exxon Mobile PAC of Texas<br>5959 Las Colinas Blvd<br>Irving, Texas 75039 | 500.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/1/13 | Law Office of Christopher Lewis<br>2301 N. Collins, Ste. 238<br>Arlington, Texas 76011 | 100.00 | |

(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 foradditional 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 19 | 2 FILER NAME Allen Gray, Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4/4/13 | 5 Payee name John Clark | |
| 6 Amount ($) 160.00 | 7 Payee address; City; State; Zip Code 5616 Houghton Ave Fort Worth, Texas 76107 | |
| 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 4/4/13 | Payee name Frances Crawford | |
| Amount ($) 160.00 | Payee address; City; State; Zip Code 4228 Reed St. 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 4/4/13 | Payee name Carrie Green | |
| Amount ($) 160.00 | Payee address; City; State; Zip Code 4208 Wilhelm 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 4/4/13 | Payee name Dorothy Carey | |
| Amount ($) | Payee address; City; State; Zip Code 4133 Burke Rd 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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) |
|---|---|---|
| 2/9 | Allen Gray, Kelly | |

| 4 Date | 5 Payee name |
|---|---|
| 4/4/13 | Mary Davidson |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 200.00 | 6901 Windward Way<br>Forest Hills, Texas 76140 |

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

| Date | Payee name |
|---|---|
| 4/4/13 | Office Depot |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 101.73 | 401 Carroll St.<br>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) |
|---|---|---|
| | Printing Expense | |

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

| Date | Payee name |
|---|---|
| 4/5/13 | Greater Meadowbrook News |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 248.00 | P.O. Box 24264<br>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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 4/7/13 | Larry Hemphill |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 750.00 | 8028 Cottage Lane<br>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) |
|---|---|---|
| | Advertising 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 | 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 3/9 | 2 FILER NAME: Allen Gray, Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date: 4/10/13 | 5 Payee name: Frances Crawford | |
| 6 Amount ($): 120.00 | 7 Payee address; City; State; Zip Code: 4228 Reed 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date: 4/10/13 | Payee name: John Clark | |
| Amount ($): 160.00 | Payee address; City; State; Zip Code: 5614 Houghton Ave Fort Worth, Texas 76107 | |
| 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: 4/10/13 | Payee name: Mary Davidson | |
| Amount ($): 200.00 | Payee address; City; State; Zip Code: 6901 Windward Way Forest Hill, Texas 76140 | |
| 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: 4/10/13 | Payee name: Dorothy Carey | |
| Amount ($): 160.00 | Payee address; City; State; Zip Code: 4133 Burke Road 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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) |
|---|---|---|
| 4/9 | Allen Gray, Kelly | |

| 4 Date | 5 Payee name |
|---|---|
| 4/10/13 | Carrie Green |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 160.00 | 4208 Wilhelm 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 4/10/13 | Larry Hemphill |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 1200.00 | 8028 Cottage Lane 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) |
|---|---|---|
| | Advertising Expense | |

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

| Date | Payee name |
|---|---|
| 4/10/13 | Dynamic Screen Printing |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 920.13 | 300 Boone Road, Ste. A-9 Burleson, Texas 76028 |

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

| Date | Payee name |
|---|---|
| 4/16/13 | Jubilee Theater |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 250.00 | 506 Main Street Fort Worth, Texas 76102 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Event 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 | 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 5/9 | 2 FILER NAME: Allen Gray Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date: 4/18/13 | 5 Payee name: John Clark | |
| 6 Amount ($): 160.00 | 7 Payee address; City; State; Zip Code: 5616 Houghton Ave, Fort Worth, Texas 76107 | |
| 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: 4/18/13 | Payee name: Frances Crawford | |
| Amount ($): 120.00 | Payee address; City; State; Zip Code: 4228 Reed St. 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: 4/18/13 | Payee name: Carrie Green | |
| Amount ($): 160.00 | Payee address; City; State; Zip Code: 4208 Wilhelm Street 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: 4/18/13 | Payee name: Dorothy Carey | |
| Amount ($): 160.00 | Payee address; City; State; Zip Code: 4133 Burke Road 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 6/9 | 2 FILER NAME Allen Gray, Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4/19/13 | 5 Payee name Flying Fish | |
| 6 Amount ($) 110.23 | 7 Payee address; City; State; Zip Code 2913 Montgomery Fort Worth, Texas 76107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage Expense | (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 4/22/13 | Payee name Greater Meadowbrook News | |
| Amount ($) 248.00 | Payee address; City; State; Zip Code P.O. Box 24264 Fort Worth, Texas 76124 | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 4/22/13 | Payee name Metro Mailer | |
| Amount ($) 819.04 | Payee address; City; State; Zip Code 5719 E. Rosedale, Ste 809 Fort Worth, TX 76112 | |
| 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 |

| | | |
|---|---|---|
| Date 4/23/13 | Payee name No Name Ads | |
| Amount ($) 414.06 | Payee address; City; State; Zip Code 5625 Crowley Road #133 Fort Worth, Texas 76134 | |
| 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 7/9 | 2 FILER NAME Allen Gray, Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4/24/13 | 5 Payee name Dynamic Screen Printing | |
| 6 Amount ($) 487.45 | 7 Payee address; City; State; Zip Code 300 Boone Rd, Suite A-9 Burleson, Texas 76028 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (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 4/25/13 | Payee name Baptist Ministers Union | |
| Amount ($) 100.00 | Payee address; City; State; Zip Code c/o Dr. L.S. Wilson 5300 Oak Grove Rd W, Fort Worth, Texas 76134 | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 4/26/13 | Payee name Dynamic Screen Printing | |
| Amount ($) 427.32 | Payee address; City; State; Zip Code 300 Boone Road, Suite 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 4/26/13 | Payee name Frances Crawford | |
| Amount ($) 200.00 | Payee address; City; State; Zip Code 4228 Reed St. 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 8/9 | 2 FILER NAME Allen Gray, Kelly | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4/26/13 | 5 Payee name Mary Davidson | |
| 6 Amount ($) 240.00 | 7 Payee address; City; State; Zip Code 6901 Windward Way Forest Hill, Texas 76140 | |
| 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 4/26/13 | Payee name Carrie Green | |
| Amount ($) 200.00 | Payee address; City; State; Zip Code 4208 Wilhelm Street 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 4/26/13 | Payee name Dorothy Carey | |
| Amount ($) 200.00 | Payee address; City; State; Zip Code 4133 Burke Road 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 4/26/13 | Payee name John Clark | |
| Amount ($) 200.00 | Payee address; City; State; Zip Code 5616 Houghton Avenue Fort Worth, Texas 76107 | |
| 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 |

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# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

**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 ($) 200.00 | 7 Payee address; City; State; Zip Code 2707 Ferris Ave Fort Worth, Texas 76111 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date 4/29/13 | Payee name Metro PCS | |
| Amount ($) 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 Kimberley Russell | |
| Amount ($) 125.00 | Payee address; City; State; Zip Code 3704 Moberly Fort Worth, Texas 76119 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract Labor | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date 5/1/13 | Payee name HP Home & Home Office Store | |
| Amount ($) 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 |

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