

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**


**FORM C/OH
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers);

2 Total pages filed:

27

| | | | | | | | | |
|--|--|--|--------------------------------------|-----------|--|---|--|------|
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR Ms | FIRST Kelly | MI R | OFFICE USE ONLY | | | |
| | | NICKNAME | LAST Allen Gray | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |  | | |
| | | P.O. Box 1692 Fort Worth, TX 76101 | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | | |
| | | (817) | 688-9586 | | | | | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR Ms | FIRST Phyllis | MI W | Receipt # | | | |
| | | NICKNAME | LAST Allen | SUFFIX | Amount \$ | | | |
| 7 CAMPAIGN TREASURER ADDRESS | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | Date Processed | | |
| | | 2707 Emis Ave Fort Worth, TX 76111 | | | | Date Imaged | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | | (817) | 999-7887 | | | | | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | |
| 10 PERIOD COVERED | | Month | Day | Year | THROUGH | Month | Day | Year |
| | | 04 | 22 | 2021 | | 05 | 26 | 2021 |
| 11 ELECTION | | ELECTION DATE | | | ELECTION TYPE | | | |
| | | Month | Day | Year | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | |
| | | 06 | 05 | 2021 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 12 OFFICE | | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | |
| | | FW City Council Dist 8 | | | | | | |
| 14 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 | COMMITTEE NAME | | | | | |
| <input type="checkbox"/> Additional Pages | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | |
| | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

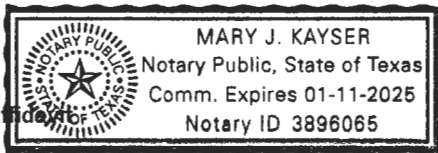
**FORM C/OH
COVER SHEET PG 2**

| | | |
|--|---|---|
| 15 C/OH NAME <i>Allen Gray, Kelly</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>1,335.00</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>62,735.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>4,122.75</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>40,062.98</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>50,541.24</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Kelly Allen Gray* this the *28th* day of *May*, 20*21*, to certify which, witness my hand and seal of office.
Mary Kayser *MARY J. KAYSER* *City Secretary*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|---|--|
| 19 FILER NAME <i>Allen Gray, Kelly</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>61,400.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>35,940.23</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>1 of 7</i> |
| 2 FILER NAME <i>Allen Gray, Kelly</i> | | 3 File ID (Ethics Commission Filers) |
| 4 Date <i>4/22/21</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>For the Children PAC</i> | 7 Amount of contribution (\$) <i>5,000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>PO Box 159 Fort Worth TX 76102</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--|
| Date <i>4/22/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greater FW Real Estate Council</i> | Amount of contribution (\$) <i>1,000.00</i> |
| Contributor address; City; State; Zip Code <i>777 Main St. Fort Worth TX 76102</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| Date <i>5/4/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Spears</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>6400 Briarcliff Fort Worth TX 76132</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date <i>5/4/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darryl Scarth</i> | Amount of contribution (\$) <i>250.00</i> |
| Contributor address; City; State; Zip Code <i>8301 Randol Mill Fort Worth TX 76112</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>2 of 7</i> |
| 2 FILER NAME <i>Allen Gray, Kelly</i> | | 3 Filer ID# (Ethics Commission Filers) |
| 4 Date <i>5/5/21</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>FW Mason Heights</i> | 7 Amount of contribution (\$) <i>12,000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 470158 Fort Worth TX 76147</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|--|
| Date <i>5/5/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>J.D.B. Towing</i> | Amount of contribution (\$) <i>5,000.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 737 Kennedale TX 76060</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| Date <i>5/5/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Mallick</i> | Amount of contribution (\$) <i>5,000.00</i> |
| Contributor address; City; State; Zip Code <i>3715 Camp Bowie Fort Worth TX 76107</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date <i>5/10/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Derrick Mitchell</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>3 of 7</i> |
| 2 FILER NAME <i>Allen Gray, Kelly</i> | | 3 Filer ID# (Ethics Commission Filers) |
| 4 Date <i>5/10/21</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Post L Group</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>6015 Harris Pkwy Fort Worth TX 76132</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|---|
| Date <i>5/10/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>FW Firefighters Committee</i> | Amount of contribution (\$) <i>10,000.00</i> |
| Contributor address; City; State; Zip Code <i>3855 Tuba Way FW TX 76107</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|---|--|
| Date <i>5/10/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dan Lawrence</i> | Amount of contribution (\$) <i>2,000.00</i> |
| Contributor address; City; State; Zip Code <i>2008 Fruit Oaks FW TX 76107</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|--|
| Date <i>5/11/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lineberger Goggen Blair Simpson</i> | Amount of contribution (\$) <i>1,000.00</i> |
| Contributor address; City; State; Zip Code <i>PO Box 17428 Austin TX 78760</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>4 of 7</i> |
| 2 FILER NAME: <i>Allen Gray, Kelly</i> | | 3 Filer ID# (Ethics Commission Filers) |
| 4 Date: <i>5/11/21</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <i>Dee J. Kelly, Jr</i> | 7 Amount of contribution (\$): <i>2,500.00</i> |
| 6 Contributor address; City; State; Zip Code: <i>5756 Merrymount FW TX 76107</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|---|
| Date: <i>5/11/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <i>Debra Starns</i> | Amount of contribution (\$): <i>200.00</i> |
| Contributor address; City; State; Zip Code: <i>612 Highwoods Trl FW TX 76112</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date: <i>5/11/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <i>Vernell Starns</i> | Amount of contribution (\$): <i>200.00</i> |
| Contributor address; City; State; Zip Code: <i>612 Highwoods Trl FW TX 76112</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|---|
| Date: <i>5/13/21</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <i>Don Allen</i> | Amount of contribution (\$): <i>500.00</i> |
| Contributor address; City; State; Zip Code: <i>7302 Tidal Trace Arlington TX 76016</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 of 7 |
| 2 FILER NAME Allen Gray Kelly | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/13/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennell Starns | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 612 Highwoods FW TX 76112 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 5/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Garabedian | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/13/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer & Nails PAC | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 100 E 15th FW TX 76102 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/17/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Beck | Amount of contribution (\$) 5,000.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 6 of 7 |
| 2 FILER NAME Allen Gray, Kelly | | 3 Filer ID# (Ethics Commission Filers) |
| 4 Date 5/17/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) For the Children PAC | 7 Amount of contribution (\$) 2,500.00 |
| 6 Contributor address; City; State; Zip Code P.O. Box 159 FW TX 76102 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|--|
| Date 5/21/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Montesi | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 1701 River Run FW TX 76107 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| Date 5/21/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Retired Firefighters & Widows | Amount of contribution (\$) 5,000.00 |
| Contributor address; City; State; Zip Code 1617 Tierney Rd FW TX 76112 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| Date 5/24/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Morrison | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 2242 E Loop 820 FW TX 76112 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>7 of 7</i> |
| 2 FILER NAME <i>Allen Gray, Kelly</i> | | 3 Filer ID# (Ethics Commission Filers) |
| 4 Date <i>5/24/21</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Sadler</i> | 7 Amount of contribution (\$) <i>250.00</i> |
| 6 Contributor address; City; State; Zip Code <i>2242 E Loop 820 FW TX 76112</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: <i>1 of 17</i> | 2 FILER NAME <i>Allen Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/22/21</i> | 5 Payee name <i>Francis Crawford</i> | |
| 6 Amount (\$) <i>160.00</i> | 7 Payee address; City; State; Zip Code <i>4228 Reed St FW TX 76119</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|----------------------------------|
| Date <i>4/22/21</i> | Payee name <i>John Clark</i> | |
| Amount (\$) <i>160.00</i> | Payee address; City; State; Zip Code <i>5616 Houghton Ave FW TX 76107</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|----------------------------------|
| Date <i>4/22/21</i> | Payee name <i>Carrie Green</i> | |
| Amount (\$) <i>160.00</i> | Payee address; City; State; Zip Code <i>4208 Wilhelm FW TX 76119</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages, Schedule F1: <i>2 of 17</i> | 2 FILER NAME <i>Allen Gray, Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/22/21</i> | 5 Payee name <i>Dorothy Carey</i> | |
| 6 Amount (\$) <i>160.00</i> | 7 Payee address; <i>4133 Burke Rd</i> | City; State; Zip Code <i>FW TX 76119</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/22/21</i> | Payee name <i>Wivan Wilson</i> | |
| Amount (\$) <i>160.00</i> | Payee address; <i>4129 Burke Rd</i> | City; State; Zip Code <i>FW TX 76119</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/22/21</i> | Payee name <i>Mary Davidson</i> | |
| Amount (\$) <i>192.00</i> | Payee address; <i>6901 Windward Way</i> | City; State; Zip Code <i>FW TX 76140</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages, Schedule F1: <i>3/8/17</i> | 2 FILER NAME: <i>Allen Gray, Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <i>4/22/21</i> | 5 Payee name: <i>Metroplex Personnel</i> | |
| 6 Amount (\$): <i>1,000.00</i> | 7 Payee address; City; State; Zip Code: <i>5820 Chimney Wood Cir FW TX 76112</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): <i>Contract Labor</i> | (b) Description: <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | | |
|---|---|---|-------------|
| Date: <i>4/24/21</i> | Payee name: <i>C Terry Consulting</i> | | |
| Amount (\$): <i>4,530.10</i> | Payee address; City; State; Zip Code: <i>5648 De Cory Rd FW TX 76134</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Consulting Expense</i> | Description: <i>Campaign Oversight</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

| | | | |
|---|---|-----------------------------------|-------------|
| Date: <i>5/1/21</i> | Payee name: <i>John Clark</i> | | |
| Amount (\$): <i>190.00</i> | Payee address; City; State; Zip Code: <i>5616 Houghton Ave FW TX 76107</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Contract labor</i> | Description: <i>Phone Bank</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 4 of 17 | 2 FILER NAME Alex Gray, Kelly | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/1/21 | 5 Payee name Francis Crawford | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 4228 Reed St FW TX 76119 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (b) Description Phone Bank |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|----------------------------------|
| Date 5/1/21 | Payee name Carrie Green | |
| Amount (\$) 190.00 | Payee address; City; State; Zip Code 4208 Wilhelmer FW TX 76119 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description Phone Bank |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|----------------------------------|
| Date 5/1/21 | Payee name Dorothy Carey | |
| Amount (\$) 190.00 | Payee address; City; State; Zip Code 4133 Burke Rd FW TX 76119 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description Phone Bank |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages, Schedule F1: <i>5 of 17</i> | 2 FILER NAME <i>Kelly Gray Allen</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/1/21</i> | 5 Payee name <i>Kieran Wilson</i> | |
| 6 Amount (\$) <i>190.00</i> | 7 Payee address; City; State; Zip Code <i>4129 Burke Rd FW TX 76119</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|---|----------------------------------|--|
| Date <i>5/1/21</i> | Payee name <i>Mary Davidson</i> | | |
| Amount (\$) <i>228.00</i> | Payee address; City; State; Zip Code <i>6901 Windward Way Forest Hill TX 76140</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |

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

| | | | |
|--------------------------------|---|----------------------------------|--|
| Date <i>5/1/21</i> | Payee name <i>Metroplex Personnel</i> | | |
| Amount (\$) <i>1,000.00</i> | Payee address; City; State; Zip Code <i>5820 Chimney Wood Circle FW TX 76112</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: <i>6 of 7</i> | 2 FILER NAME <i>Allen Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/1/21</i> | 5 Payee name <i>Johnny Johnson</i> | |
| 6 Amount (\$) <i>300.00</i> | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | (b) Description <i>Music</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/2/21</i> | Payee name <i>Kendyll Locke</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>Consulting Expense</i> | Description <i>Digital Media</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/30/21</i> | Payee name <i>C Terry Consulting</i> | |
| Amount (\$) | Payee address; City; State; Zip Code <i>5648 De Cory Rd FW TX 76134</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | Description <i>Campaign Oversight</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages, Schedule F1: <i>7 of 19</i> | 2 FILER NAME <i>Allen Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/4/21</i> | 5 Payee name <i>Print Place</i> | |
| 6 Amount (\$) <i>301.32</i> | 7 Payee address; City; State; Zip Code <i>1110 Ave N East Arlington TX 76011</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>Printing</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--------------------------------|
| Date <i>5/5/21</i> | Payee name <i>DSP</i> | |
| Amount (\$) <i>454.87</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>Signs</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|-------------------------------------|
| Date <i>5/6/21</i> | Payee name <i>Murphy Masica</i> | |
| Amount (\$) <i>2,500.00</i> | Payee address; City; State; Zip Code <i>815-A Brazos Austin, TX 78701</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Digital Media</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: <i>8 of 17</i> | 2 FILER NAME: <i>Allen Gray, Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <i>5/7/21</i> | 5 Payee name: <i>Donald Marshall</i> | |
| 6 Amount (\$): <i>1,000.00</i> | 7 Payee address: <i>2817 E 4th St</i> | City; State; Zip Code: <i>FW TX 76111</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): <i>Overhead Expense</i> | (b) Description: <i>Rent</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date: <i>5/7/21</i> | Payee name: <i>Print Place</i> | |
| Amount (\$): <i>961.00</i> | Payee address: <i>1110 Ave H East</i> | City; State; Zip Code: <i>Arlington TX 76011</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Printing Expense</i> | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date: <i>5/7/21</i> | Payee name: <i>Kendyll Locke</i> | |
| Amount (\$): <i>250.00</i> | Payee address: | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Consulting Expense</i> | Description: <i>Digital Media</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages, Schedule F1: <i>9/18/17</i> | 2 FILER NAME <i>Allen Gray, Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/10/21</i> | 5 Payee name <i>Print Place</i> | |
| 6 Amount (\$) <i>1633.20</i> | 7 Payee address; <i>1110 Ave H East</i> | City; State; Zip Code <i>Odessa TX 76011</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | |
| | (b) Description | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

| | | |
|---|---|---|
| Date <i>5/13/21</i> | Payee name <i>Carrie Green</i> | |
| Amount (\$) <i>200.00</i> | Payee address; <i>4208 Wilhelms</i> | City; State; Zip Code <i>FW TX 76119</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | |
| | Description <i>Phone Bank</i> | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

| | | |
|---|---|---|
| Date <i>5/13/21</i> | Payee name <i>Francis Crawford</i> | |
| Amount (\$) <i>200.00</i> | Payee address; <i>4228 Reed St</i> | City; State; Zip Code <i>FW TX 76119</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | |
| | Description <i>Phone Bank</i> | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 10/1/17 | 2 FILER NAME Allen Gray, Kelly | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/13/21 | 5 Payee name Mary Davidson | |
| 6 Amount (\$) 240.00 | 7 Payee address; City; State; Zip Code 6901 Windward Way Forest Hill TX 76140 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (b) Description Phone Bank |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--------------------------------|
| Date 5/13/21 | Payee name John Clark | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 5616 Houghton Ave FW TX 76107 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description Phone Bank |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--------------------------------|
| Date 5/13/21 | Payee name Dorothy Carey | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 4133 Burke Rd FW TX 76119 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description Phone Bank |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: <i>11/17</i> | 2 FILER NAME: <i>Allen Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <i>5/13/21</i> | 5 Payee name: <i>Turian Wilson</i> | |
| 6 Amount (\$): <i>200.00</i> | 7 Payee address: <i>4129 Burke Rd</i> | City; State; Zip Code: <i>FW TX 76119</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): <i>Contract Labor</i> | (b) Description: <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date: <i>5/13/21</i> | Payee name: <i>Metroplex Personnel</i> | |
| Amount (\$): <i>500.00</i> | Payee address: <i>5820 Chimney Wood</i> | City; State; Zip Code: <i>FW TX 76112</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Contract Labor</i> | Description: <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date: <i>5/14/21</i> | Payee name: <i>Print Place</i> | |
| Amount (\$): <i>1049.88</i> | Payee address: <i>1011 Ave H East</i> | City; State; Zip Code: <i>Arlington TX 76011</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Printing Expense</i> | Description: |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---------------------------------------|
| 1 Total pages Schedule F1: 12/17 | 2 FILER NAME: Allen Gray, Kelly | 3 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

| | |
|------------------------|------------------------------|
| 4 Date: 5/14/21 | 5 Payee name: Kerdyll |
|------------------------|------------------------------|

| | |
|------------------------------|--|
| 6 Amount (\$): 500.00 | 7 Payee address; City; State; Zip Code |
|------------------------------|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Consulting Expense | (b) Description: Digital Media |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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

| | |
|----------------------|---------------------------------------|
| Date: 5/15/21 | Payee name: @ Terry Consulting |
|----------------------|---------------------------------------|

| | |
|-----------------------------|--------------------------------------|
| Amount (\$): 1532.53 | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Consulting Expense | Description: Campaign Oversight |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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

| | |
|----------------------|--------------------------------|
| Date: 5/18/21 | Payee name: Print Place |
|----------------------|--------------------------------|

| | |
|-----------------------------|--------------------------------------|
| Amount (\$): 2582.41 | Payee address; City; State; Zip Code |
|-----------------------------|--------------------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Printing Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: <i>13/18/17</i> | 2 FILER NAME <i>Adrian Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/18/21</i> | 5 Payee name <i>Print Place</i> | |
| 6 Amount (\$) <i>2582.41</i> | 7 Payee address; City; State; Zip Code <i>1011 Ave H East Arlington TX 76011</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | |
| | (b) Description | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | | |
| Date <i>5/22/21</i> | Payee name <i>Print Place</i> | |
| Amount (\$) <i>1492.53</i> | Payee address; City; State; Zip Code <i>1011 Ave H East Arlington TX 76011</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | |
| | Description | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | | |
| Date <i>5/22/21</i> | Payee name <i>Blue Base Group</i> | |
| Amount (\$) <i>1516.70</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | |
| | Description | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <i>14 of 17</i> | 2 FILER NAME <i>Allen Gray, Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/25/21</i> | 5 Payee name <i>Print Place</i> | |
| 6 Amount (\$) <i>778.00</i> | 7 Payee address; City; State; Zip Code <i>1011 Aunt East FW TX 76011</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | |
| | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/26/21</i> | Payee name <i>Blue Base Group</i> | |
| Amount (\$) <i>1250.00</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/26/21</i> | Payee name <i>Smoke-a-holics</i> | |
| Amount (\$) <i>525.25</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food Expense</i> | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 15 of 17 | | 2 FILER NAME: Allen Gray, Kelly | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date: 5/26/21 | | 5 Payee name: Print Place | | | |
| 6 Amount (\$): 2482.41 | | 7 Payee address: 1011 Ave H East City: Arlington TX State: TX Zip Code: 76011 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Printing Expense | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date: 5/21/21 | | Payee name: Carrie Greer | | | |
| Amount (\$): 200.00 | | Payee address: 4208 Wilhelm City: 7 W TX State: TX Zip Code: 76119 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Contract Labor | | Description: Phone Bank | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date: 5/21/21 | | Payee name: Frances Crawford | | | |
| Amount (\$): 200.00 | | Payee address: 4228 Resul St City: 7 W TX State: TX Zip Code: 76119 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Contract Labor | | Description: Phone Bank | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: <i>16 of 17</i> | 2 FILER NAME <i>Alan Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/21/21</i> | 5 Payee name <i>Mary Davidson</i> | |
| 6 Amount (\$) <i>240.00</i> | 7 Payee address; City; State; Zip Code <i>6901 Windward Way FW TX 76140</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | |
| | (b) Description <i>Phone Bank</i> | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/21/21</i> | Payee name <i>Dorothy Carey</i> | |
| Amount (\$) <i>200.00</i> | Payee address; City; State; Zip Code <i>4133 Burke Rd FW TX 76119</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | |
| | Description <i>Phone Bank</i> | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/21/21</i> | Payee name <i>John Clark</i> | |
| Amount (\$) <i>200.00</i> | Payee address; City; State; Zip Code <i>5201 Houghton FW TX 76107</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | |
| | Description <i>Phone Bank</i> | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <i>170517</i> | 2 FILER NAME <i>Allen Gray Kelly</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/21/21</i> | 5 Payee name <i>Theresa Wilson</i> | |
| 6 Amount (\$) <i>200.00</i> | 7 Payee address; <i>4129 Burke Rd</i> | City; State; Zip Code <i>FW TX 76119</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <i>Phone Bank</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>5/21/21</i> | Payee name <i>Metroplex Personnel</i> | |
| Amount (\$) <i>500.00</i> | Payee address; <i>5820 Chimney Wood</i> | City; State; Zip Code <i>FW TX 76112</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <i>Phone Bank</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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