CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRs / MR FIRST Ms. Tracey	мі L .	OFFICE USE ONLY
INAIVIE	NICKNAME LAST Gulley	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 203 Satinwood	CITY; STATE; ZIP CODE Dallas TX 75217	2022 FEB JOH COI DAL BY
Change of Address	ASSE COSE PURPLE NUMBER		
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 808-4063	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # English Ament \$
NAME	Mr. John	E	Date Processed CO
	NICKNAME LAST Beckwith	SUFFIX Jr.	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	4155 S. R L. Momton	Dallas	TX 75224
(Residence or Business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(214) 317-7831		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	1 / 21 / 22	through 2	/ 19 / 22
11 ELECTION	ELECTION DATE	ELECTION TYPE	,
	Month Day Year Primary	Runoff Other Description	¥
	3 / 1 / 22 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))
6	Constable Pct. 1	Dallas County C	Constable Office Pct. 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EXPENDITURES MASS MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT
COMMITTEL(S)	COMMITTEE TYPE COMMITTEE NAME		
*	GENERAL COMMITTEE ADDRESS		
Additional Pages	GENERAL		
*	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
1		D4.05.0	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Tracey L. Gulley		16 Filer ID	O (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 5,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	5	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,716.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY	\$ 2,683.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	: THE	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and corre	ect and includes all information
	Signature of Car		Officeholder
	, seed of the control	•	
(1) Affidavit	Lenita Bailey My Commission Expires 05/02/2023 ID No. 10369950		
NOTARY STAMP/SEAL Sworn to and subscribed	pefore me by Tracey L. Gulley this the 3	zznd	day of Jeloruary.
20 22, to certify	which, witness my hand and seal of office		otan
Signature of officer administer	ng oath Printed name of officer administering oath	Ti	tle of officer administering oath
	OR	E SA	
(2) Unsworn Declaratio	n		
My name is	, and my date of birth is _		
My address is	10 mm and 10 mm		
Executed in		tate) (zip	
	Signature of Candida		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Tracey L. Gulley	ID (Ethics Commissi	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$	2,716.52
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$	0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$	0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ions \$	0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$	0.00

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 fo	rm.	1 Total pages Schedule A1:
² FILER NAME Tracey L.			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: Stonewall Democrats of Dallas	#:)	7 Amount of contribution (\$)
02/09/2022	6 Contributor address; City; Signature P.O. Box 192305 Dallas,		250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date		#:)	Amount of contribution (\$)
02/10/2022	Michael Campbell Contributor address; City;	State; Zip Code	250.00
	P.O. Box 89020 Ft. Worth, TX 76	124	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
02/10/2022	Contributor address; City; S	State; Zip Code	1,000.00
	P.O. Box 76519 Dallas, TX	X 73370	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of contribution (\$)
02/10/2022		State; Zip Code	700.00
	1427 Claude St. Dallas, T.	X 75203	100100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
=			
			<u> </u>
	ATTACH ADDITIONAL COPIES OF T		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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:
² FILER NAME Tracey L.	Gulley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Stonewall Democrats of Dallas	7 Amount of contribution (\$)
02/09/2022	6 Contributor address; City; State; Zip Code P.O. Box 192305 Dallas, TX 75219	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/10/2022	Michael Campbell Contributor address; City; State; Zip Code	250.00
	P.O. Box 89020 Ft. Worth, TX 76124	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) John Proctor	Amount of contribution (\$)
02/10/2022	Contributor address; City; State; Zip Code	1,000.00
	P.O. Box 76519 Dallas, TX 75376	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Ken Hines	Amount of contribution (\$)
02/10/2022	Contributor address; City; State; Zip Code	700.00
	1427 Claude St. Dallas, TX 75203	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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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 com	plete this form.	1 Total pages Schedule A1:		
² FILER NAME Tracey L.	Gulley		3 Filer ID (Ethics Commission Filers)		
4 Date 02/12/2022	Tenell Atkins		7 Amount of contribution (\$) 1,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	N/A	of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; Cit	ty; State; Zip Code			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	N/A	of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	N/A	of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City	300000000000000000000000000000000000000			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
	ATTACH ADDITIONAL (COPIES OF THIS SCHEDULE AS N	FEDED		

Forms provided by Texas Ethics Commission

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			in the report.
	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Tracey L	. Gulley		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:N/A		8 Amount of 9 In-kind contribution Contribution \$ description 0.00
	7 Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	et.	
Date	Full name of contributor)	Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code	O.OO Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		e e

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	-		91 062		
The	e Instruction Guide explains h	now to complete this	s form.	1 Total pages Sched	lule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
Tracey L.	Gulley				
4 TOTAL OF	UNITEMIZED PLEDGE	S		\$	0.00
5 Date	6 Full name of pledgor [N/A7 Pledgor address;		390	8 Amount of Pledge \$ O.OO Check if travel outs	9 In-kind contribution description ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instruction	ns)	11 Employer (See		
Date	N/A	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
			ate; Zip Code	0.00	I
Dringing!	nation / lab title (O lo-to-ti-			4.30m/3044/3044/303 VA 11-04/344/10344/1034/4/104/34/30	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instruction	is)	Employer (See	instructions)	
Date	N/A	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code	0.00	
Dringing! aggs	pation / Job title (See Instruction	>			de of Texas. Complete Schedule T.
Fillicipal occu	pation / Job title (See Instruction	is)	Employer (See I	instructions)	
Date	ANGE STATE OF THE	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	N/A Pledgor address;	City; State	; Zip Code	0.00	÷
				I Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruction	s)	Employer (See I	nstructions)	
					:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

If the requeste	ed information is not applicable, DO NO	of include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tracey L. Gu	ılley		<i>10</i>
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
	N/A		0.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor	120	19 Amount Guaranteed (\$)
INFORMATION	N/A		0.00
-	18 Guarantor address; City;	State; Zip Code	3123
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
	N/A	,	0.00
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	N/A		0.00
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
W. I.	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	DED

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

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

Travel Out Of District

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to		Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley	3	Filer ID (Ethic	s Commission Filers)
1 Date	5 Payee name			
01/31/2022	M.M. S. Company Ad Specialties L.I	C.		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
941.78	217 N. I-35 East	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		*
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/31/2022	Dutch Maid Donuts			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.82	1303 N. Dallas Ave.	Lancaster	TX	75134
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Breakfast Donut	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/31/2022	Chicken Express			180
Amount (\$)	Payee address;	City;	State;	Zip Code
31.79	760 North I-35 E	Lancaster	TX	75146
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Push Card Work	ers	
78	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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 NEEDE	ED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Tayment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley	3	3 Filer ID (Ethics	s Commission File	rs)
4 Date 02/01/2022	5 Payee name Grandy's				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
32.62	12011 Elam Road	Balch Spring	gs TX	75180	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense	Workers	946		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ı expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
02/08/2022	Jack In The Box	F			,
Amount (\$)	Payee address;	City;	State;	Zip Code	
29.56	1448 W. Pleasant Run Rd	Lancaster	TX	75146	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Food Expense	Workers			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/11/2022	Ecolatino Radio	98	2	,	
Amount (\$)	Payee address;	City;	State;	Zip Code	
599.00	5322 Whisphering Oaks Dr.	Dallas	TX	75236	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Ads/ Radio	00		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	ΓX, 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 NEED!	ED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1		complete this form.	3 511 15 (511)	
T Total pages Schedule FT	Tracey L. Gulley		3 Filer ID (Etnic	s Commission Filers)
4 Date	5 Payee name	_		
02/13/2022	M.M.S. Company Ad Specialties L.L	.C.		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
901.00	217 N. I-35 Exast	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	T.	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/13/2022	McDonald's Restaurant #18178			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.31	1463 W. Pleasant Run Rd	Lancaster	TX	75146
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Workers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
02/14/2022	Golden Chick #1239	6		
Amount (\$)	Payee address;	City;	State;	Zip Code
12.97	1444 W. Pleasant Run Rd	Lancaster	TX	75146
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Workers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other	(enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley	Ti .	3 File	er ID (Ethic	s Commission Filers)
4 Date 02/14/2022	5 Payee name McDonald's Restaurant				
6 Amount (\$)	7 Payee address;	City;		State;	Zip Code
5.93	1463 W. Pleasant Run Rd.	Lancaster TX 7		75146	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense	Workers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, off	ficeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office he				Office held	
Date	Payee name				9
02/15/2022	Wendy's Restaurant				
Amount (\$)	Payee address;	City;		State;	Zip Code
4.33	622 E. Camp Wisdom Road	Duncanvi	lle	TX	75116
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expense	Workers			
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought			Office held
Date	Payee name				
02/16/2022	McDonald's Restaurant				
Amount (\$)	Payee address;	City;		State;	Zip Code
15.87	120 E. I20	Duncanville	е	TX	75116
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expense	Workers			
Check if travel outside of Texas. Complete Schedule T. Check if				ceholder 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 NEE	DED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tracey L. Gulley 4 Date 5 Payee name 02/16/2022 Jack In The Box 6 Amount (\$) 7 Payee address; City; State; Zip Code 110 E. Camp Wisdom Rd **Dallas** TX 75241 4.54 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food Expense Workers OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2022 Chicken Express Duncanville Amount (\$) Payee address: City; State; Zip Code 802 S. Cockrell Hill Rd Duncanville TX 75137 30.82 Category (See Categories listed at the top of this schedule) Description Food Expense Workers **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 02/17/2022 Williams Chicken #17 Amount (\$) Pavee address: City; State; Zip Code 8502 S. Lancaster Rd Dallas TX 75241 41.50 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food Expense Workers OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley						
4 Date 02/19/2022	5 Payee name McDonald's Restaurent	N.					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
10.57	120 E. I20	Duncanville TX 7					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	S0 S1				
PURPOSE	Food Expense	Workers					
OF EXPENDITURE	*				2		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF							
Date	Payee name						
02/19/2022	Sonic America's Drive-In						
Amount (\$)	Payee address;	City;	State;	Zip Code			
8.11	8602 South Polk Street	Dallas	TX	75232			
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Food Expense	Workers					
OF EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	li li	Office held			
Date	Payee name						
,	N/A						
Amount (\$)	Payee address;	City;	State;	Zip Code			
			8				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		-					
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	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 NEED	DED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Ex Printing Ex Salaries/M			District out Of District oter a category r	not listed above)
		The Instruction Guide explain	ns how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER Tracey	NAME / L. Gulley			3 Filer II	D (Ethics Con	nmission Filers)
4 TOTAL OF UNITER	/IZED UN	PAID INCURRED OBLI	GATION	s ·	\$	1¥	
5 Date	6 Payee N/A	name					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political	Non-Po	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	$oldsymbol{y}$ (See Categories listed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	tin, TX, office	holder living exp	pense
11 Complete ONLY if direct expenditure to benefit C/OF		didate / Officeholder name	0	ffice sought		Office held	
Date	Payee	name					
	N/A						
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE	☐ F	Political	Non-Po	litical	1.		8
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		ī	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, offic	eholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name	0	ffice sought		Office held	-
					1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Tracey L	Gulley				
4 Date	5 Name of person from whom investment is purchased				
	N/A				
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code			
ř		* 			
	7 Description of investment				
	8 Amount of investment (\$)				
		100			
Date	Name of person from whom investment is purchased				
-					
	Address of person from whom investment is purchased; City	y; State; Zip Code			
	Description of investment				
1	Amount of investment (\$)				
		•			
2.	*				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

		EXPENDIT	JRE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Distric	oment & Related Expens
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer ID (Ethics	Commission Filers)
8 3	Tracey L.	Gulley					
4 TOTAL OF UNITEM	IZED EXP	ENDITURES C	CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee I	name		22			
7 Amount (\$)	8 Payee	address;	19		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	☐ F	Political		Non-Po	litical		
10	(a) Category	y (See Categories listed	at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	a a				2-		
	(c)	Check if travel outside of	Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officehold	ler name	Of	ffice sought	Office h	neld
Date	Payee	name					
	N/A						
Amount (\$)	Payee	address;			City;	State;	Zip Code
						40	
TYPE OF EXPENDITURE	F	Political		Non-Po	litical		
	Category	y (See Categories listed	at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE							
		Check if travel outside of	Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officehold	er name	Of	fice sought	Office h	neld
	ATTAC	H ADDITIONAL	COPIES OI	F THIS SO	CHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	² FILER NAME Tracey L. Gulley	3 Filer ID (Ethics	Commission Filers)		
4 Date 01/30/2022	5 Payee name Phat Matt's Hot Wings				
6 Amount (\$) 139.18 Reimbursement from political contributions intended	7 Payee address; 2451 W. Ledbetter Dr.	State; TX	Zip Code 75233		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/07/2022	Payee name On the Border				
Amount (\$) 53.76 Reimbursement from political contributions intended	Payee address; 1003 North I-35 E	c _{ity;} Desoto	State; TX	Zip Code 75115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Workers		,	
¥	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(Office held	
Date 02/09/2022	Payee name Red Claws Crab Shack				
Amount (\$) 137.48 Reimbursement from political contributions intended	Payee address; 4629 S. Cooper St. #111	c _{ity;} Arlington	State;	Zip Code 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Workers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED	-	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME Tracey L. Gulley 3 Filer ID (Ethics Commission)				
4 Date	5 Payee name	1			
02/18/2022	McDonald's Restaurant				
6 Amount (\$) 20.19 Reimbursement from political contributions intended	7 Payee address; 125 W. Camp Wisdom	City; Dallas	State; TX	Zip Code 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense (b) Description Workers				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	kpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/19/2022	Wendy's Restaurant				
Amount (\$) 13.52 Reimbursement from political contributions intended	Payee address; 510 South Beckley	c _{ity;} Dallas	State; TX	Zip Code 75203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Workers	e-		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/G	Candidate / Office holder name Office sought Office held				
Date	Payee name	7			
02/19/2022	Wendy's Restaurant				
Amount (\$) 25.94 Reimbursement from political contributions intended	Payee address; 2828 W. Wheatland	c _{ity;} Dallas	State; TX	Zip Code 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Workers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Solicitation/Fundraising Expense

Transportation Equipment & Related Exe

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

2 FILER NAME

5 Business name N/A

(c)

N/A

7 Business address;

Business name

Business address;

Business name

Business address;

N/A

Tracey L. Gulley

1 Total pages Schedule H:

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

4 Date

8

Date

Date

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Amount (\$)

6 Amount (\$)

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

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of Dis
Salaries/Wages/Contract Labor Other (enter a cat

City;

Check if Austin

City;

Check if Austin,

City;

Check if Austin,

Description

Office sought

Description

Office sought

(b) Description

Office sought

The Instruction Guide explains how to complete this form.

Travel In District Travel Out Of District Other (enter a category not listed above)
3 Filer ID (Ethics Commission Filers)
State; Zip Code
TX, officeholder living expense
Office held
State; Zip Code
e e
TX, officeholder living expense
Office held
State; Zip Code
TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

SCHEDULE |

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

	The Instruction Guide explains how to con	nplete this form.			
1 Total pages Schedule I:	² FILER NAME Tracey L. Gulley		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name N/A	4			
6 Amount (\$)	7 Payee address;	City	State	e Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding typ	e of information	
Date	Payee name N/A				
Amount (\$)	Payee address;	City	State	e Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding typ	e of information	
Date	Payee name N/A				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	e of information	
Date	Payee name N/A		×		
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
Tracey L. (Gulley	(
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	N/A		, (()
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	N/A	81	(4)
	I N /		
		ate; Zip Code	
	Purpose for which amount is received Check if		
	T dipose for which amount is received	political contribution	returned to liler
Date	Name of person from whom amount is received		Amount (\$)
	N/A		,
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		
Date	N/A		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	Loolitical contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested in	nformation	is not applicable, DO NOT in	clude this page i	n the report.				
The Instru	uction Guide	e explains how to complete this	form.	1 Total pages Schedule T:				
2 FILER NAME Tracey L. Gulley			N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/	3 Filer ID (Ethics Commission Filers)				
Name of Contributor / N/A	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A							
5 Contribution / Expend	lituro roporto	d on:						
Schedule A2 Schedule F2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling							
	N/A 8 Departu	re city or name of departure location	า					
	9 Destinat	tion city or name of destination loca	tion					
10 Means of transportation		44 D						
ivieans of transportation	on	11 Purpose of travel (including na	me of conference, se	eminar, or other event)				
Name of Contributor /	Corporation	or Labor Organization / Pledgor / P	ayee					
Contribution / Expend	iture reported	d on:						
Schedule A2	Sche	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2								
Dates of travel	Name o	f person(s) traveling						
	Departu	re city or name of departure location	1					
-		ion city or name of destination locat	ion					
Means of transportation	on	Purpose of travel (including na	me of conference, se	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A								
Contribution / Expendi	ture reported	I on:						
Schedule A2	Schedu	lle B Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedu	lle F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Dates of travel Name of person(s) traveling N/A							
	Departur	e city or name of departure location						
,	Destinati	on city or name of destination locat	ion	-				
Means of transportation	on	Purpose of travel (including nar	me of conference, se	eminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								