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:

		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST ML Ms. Tracey L. NICKNAME LAST SUFFIX Gulley	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
203 Satinwood
Dallas, Tx. 75217

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION
(214) 808-4063

Date Hand-delivered or Date Postmarked

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / (MR)   FIRST   MI
Mr. John B.
NICKNAME   LAST   SUFFIX
Beckwith Jr.

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE
4155 S.R.L. Thornton
Dallas, Tx. 75224

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION
(214) 317-7831

9 REPORT TYPE

☐ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☑ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
2 / 4 / 2026 THROUGH Month Day Year 2 / 23 / 2026

11 ELECTION

ELECTION DATE
Month Day Year
3 / 3 / 2026

ELECTION TYPE
☑ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any)
Constable Pct. #1

13 OFFICE SOUGHT (if known)
Dallas County Constable Office Pct. #1

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME	Tracey L. Gulley	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)	$ O
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4813.98
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ O
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1902.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2911.58
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ O

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.

Tracey L. Gulley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

TASHEZ REDIC
Notary ID #130217059
My Commission Expires
June 9, 2027
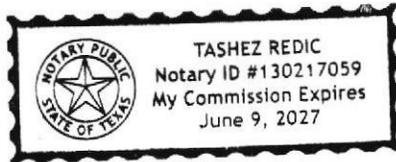
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Tracey L. Gulley_ this the _23rd_ day of _February_,
20 _26_, to certify which, witness my hand and seal of office.

Tashez Redic	_Tashez Redic_	_Notary Public_
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	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4813.98
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1902.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 2911.58

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#:_____)	**7** Amount of contribution ($)
2-12-26	James Herbert Campbell	# 400.⁰⁰
	6 Contributor address; City; State; Zip Code	
	1910 Pacific Ave. #12050	
	Dallas, Tx. 75201	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	N/A	
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	N/A	
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	N/A	
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2:
2 FILER NAME _Tracey Gulley_	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | $

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) N/A	**8** Amount of Contribution $	**9** In-kind contribution description
	7 Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | **11** Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL) | **13** Contributor'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)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) N/A	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL) | Contributor'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)

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.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B:
2 FILER NAME _Tracey Gulley_	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	$

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____) N/A	**8** Amount of Pledge $	**9** In-kind contribution description
	7 Pledgor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)   **11** Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) N/A	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) N/A	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) N/A	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

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

LOANS

SCHEDULE E

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 E:

2 FILER NAME

Tracey Gulley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan	**7** Name of lender	☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
	N/A		
6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code		**10** Interest rate
			11 Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☐ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION	**17** Name of guarantor N/A	**19** Amount Guaranteed ($)
☐ not applicable	**18** Guarantor address; City; State; Zip Code	

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender	☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
	N/A		
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION	Name of guarantor N/A	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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
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	3 Filer ID (Ethics Commission Filers)

4 Date 2-5-26	5 Payee name Home Depot

6 Amount ($) $108.24

7 Payee address; 500 N. Interstate 35 E.R. **City;** Lancaster, **State;** Tx. **Zip Code** 75146
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-6-26

Payee name Williams Chicken

Amount ($) $20.42

Payee address; 1014 E. Pleasant Run Rd. **City;** Desoto **State;** Tx. **Zip Code** 75115
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description Block Walkers

☐ 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

Date 2-6-26

Payee name Victoria Price

Amount ($) $200.00

Payee address; 1242 N. Masters Dr. **City;** Dallas **State;** Tx **Zip Code** 75217
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description Card Pusher / Block Walker

☐ 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 NEEDED

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2026

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
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_	3 Filer ID (Ethics Commission Filers)

4 Date 2-6-26	5 Payee name _Pamela Carey_

6 Amount ($) $100.00	7 Payee address; 2905 J. B. Jackson Jr. Blvd. #207 City; Dallas State; Tx. Zip Code 75210 ☐ Check if individual's residence address.

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Card Pusher / Block Walker

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ 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 2-6-26	Payee name _Quik Trip_

Amount ($) $23.27	Payee address; 3900 N. Houston School Rd City; Lancaster, State; Tx. Zip Code 75134 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Fuel For Block Walkers

☐ 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

Date 2-9-26	Payee name _Ipromoteu_

Amount ($) $368.05	Payee address; 321 Commonwealth Rd. #101 City; #101 State; Zip Code Wayland, Ma. 01778 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards

☐ 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 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
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	3 Filer ID (Ethics Commission Filers)

4 Date 2-10-26
5 Payee name Shell Oil
6 Amount ($) $60.20
7 Payee address; 2625 N. Dallas Ave **City;** Lancaster, **State; Zip Code** Tx 75134
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) Other
(b) Description Fuel for Block Walkers
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-12-26
Payee name Victoria Price
Amount ($) $120.00
Payee address; 1242 N. Masters Dr. **City;** Dallas, **State; Zip Code** Tx. 75217
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Fee
Description Card Pusher / Block Walker
☐ 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

Date 2-12-26
Payee name Pamela Carey
Amount ($) $100.00
Payee address; 2905 J.B. Jackson Jr. Blvd. #207 **City;** Dallas, **State; #207 Zip Code** Tx 75210
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) Fee
Description Push Card
☐ 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 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:	**2** FILER NAME Tracey L. Gulley	**3** Filer ID (Ethics Commission Filers)

4 Date 2-12-26	**5** Payee name Home Depot

6 Amount ($) $83.93	**7** Payee address; 500 N. Interstate 35 E Rd. City; Lancaster, TX State; Zip Code 75146 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-13-26	Payee name Jerrod / Victor Price

Amount ($) $280.00	Payee address; 1242 N. Masters Dr. City; Dallas, Tx. State; Zip Code 75217 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description Block Walkers

☐ 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

Date 2-13-26	Payee name Dream Donuts

Amount ($) $12.00	Payee address; 900 N. Polk St. #105 City; Desoto, Tx. State; Zip Code 75115 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description Block Walkers

☐ 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 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:	2 FILER NAME *Tracey L. Gulley*	3 Filer ID (Ethics Commission Filers)

4 Date 2-13-26	5 Payee name *Frost Bank*

6 Amount ($) $4.00	7 Payee address; *3704 W. Camp Wisdom Rd. #130* City; *Dallas, Tx.* State; Zip Code *75237* ☐ Check if individual's residence address.

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) *Other*	(b) Description *Service Bank Fee*

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ 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 2-17-26	Payee name *Chevron*

Amount ($) $30.00	Payee address; *822 E. Camp Wisdom* City; *Duncanville, Tx.* State; Zip Code *75116* ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Fee /Other*	Description *Fuel For Block Walkers*

☐ 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

---

Date 2-17-26	Payee name *Home Depot*

Amount ($) $95.21	Payee address; *2901 W. Wheatland Rd* City; *Dallas, Tx* State; Zip Code *75237* ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Polling Expense*	Description

☐ 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 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:	2 FILER NAME *Tracey L. Gulley*	3 Filer ID (Ethics Commission Filers)

4 Date *2-17-26*	5 Payee name *Quik Trip*	

6 Amount ($) *$4.74*	7 Payee address; *3900 N. Houston School Rd.* City; State; Zip Code ☐ Check if individual's residence address. *Lancaster, TX. 75134*

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) *Beverage*	(b) Description *For Block Walkers*
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 *2-17-26*	Payee name *Walmart*

Amount ($) *$200.00*	Payee address; *150 N. I-35 E. Rd.* City; State; Zip Code ☐ Check if individual's residence address. *Lancaster, TX 75146*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Food/Beverages*	Description *Gloves/caps for Block Walkers*
	☐ 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

Date *2-18-26*	Payee name *Williams Chicken*

Amount ($) *$19.03*	Payee address; *1014 E. Pleasant Run Rd.* City; State; Zip Code ☐ Check if individual's residence address. *Desoto, TX. 75115*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Food/Bev.*	Description *Block Walkers*
	☐ 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 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
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	3 Filer ID (Ethics Commission Filers)

4 Date 2-18-26	5 Payee name Quik Trip

6 Amount ($) $24.00	7 Payee address; 3900 N. Houston School Rd City; State; Zip Code
	☐ Check if individual's residence address. Lancaster, Tx. 75134

8 PURPOSE OF EXPENDITURE

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

(b) Description Fuel For Block Walkers

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-18-26	Payee name Quik Trip

Amount ($) $52.15	Payee address; 3900 N. Houston School Rd City; State; Zip Code
	☐ Check if individual's residence address. Lancaster, Tx 75134

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Food /Beverage /Fuel

Description For Block Walkers

☐ 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

Date 2-19-26	Payee name Popeyes Chicken

Amount ($) $11.86	Payee address; 2972 W. Wheatland Rd. City; State; Zip Code
	☐ Check if individual's residence address. Dallas, Tx. 75237

PURPOSE OF EXPENDITURE

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

Description Poll 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/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
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	3 Filer ID (Ethics Commission Filers)

4 Date 2-19-26	5 Payee name Dutch Donuts

6 Amount ($) $9.50	7 Payee address; 1303 N. Dallas, Ave. City; Lancaster, Tx. State; Zip Code 75134
	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name

Amount ($)	Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ 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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ 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 NEEDED

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME *Tracey L. Gulley*	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$

5 Date	6 Payee name N/A

7 Amount ($)	8 Payee address; City; State; Zip Code

☐ Check if individual's residence address.

9 TYPE OF EXPENDITURE	☐ Political	☐ Non-Political

10 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name N/A

Amount ($)	Payee address; City; State; Zip Code

☐ Check if individual's residence address.

TYPE OF EXPENDITURE	☐ Political	☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ 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 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.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule F3:
2 FILER NAME *Tracey L. Gulley*	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom investment is purchased
	N/A

6 Address of person from whom investment is purchased;   City;   State;   Zip Code

☐ Check if individual's residence address.

7 Description of investment

8 Amount of investment ($)

Date	Name of person from whom investment is purchased
	N/A

Address of person from whom investment is purchased;   City;   State;   Zip Code

☐ Check if individual's residence address.

Description of investment

Amount of investment ($)

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.**

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.   **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME *Tracey L. Gulley*	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER	Name of financial institution N/A

6 PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
		☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
☐ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
		☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
☐ Political ☐ Non-Political	(c) ☐ 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

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
		☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
☐ Political ☐ Non-Political	(c) ☐ 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 NEEDED

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	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 G:	2 FILER NAME _Tracey L. Gulley_	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name

6 Amount ($) ☐ Reimbursement from political contributions intended	7 Payee address; N/A City; State; Zip Code ☐ Check if individual's residence address.

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule)	(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; N/A City; State; Zip Code ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ 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

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ 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 NEEDED

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

SCHEDULE H

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 H:	2 FILER NAME *Tracey L. Gulley*	3 Filer ID (Ethics Commission Filers)

4 Date	5 Business name *N/A*

6 Amount ($)	7 Business address; City; State; Zip Code
	☐ Check if individual's residence address.

8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Business name *N/A*

Amount ($)	Business address; City; State; Zip Code
	☐ Check if individual's residence address.

	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

Date	Business name *N/A*

Amount ($)	Business address; City; State; Zip Code
	☐ Check if individual's residence address.

	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 NEEDED

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	**2** FILER NAME *Tracey L. Gulley*	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee name

6 Amount ($)	**7** Payee address; N A	City	State	Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)

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 instructions regarding type of information required.)

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 instructions regarding type of information required.)

Date	Payee name

Amount ($)	Payee address;	City	State	Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule K:

2 FILER NAME *Tracey L. Gulley*	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom amount is received N/A	**8** Amount ($)
	6 Address of person from whom amount is received; City; State; 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 N/A	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received N/A	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution 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 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 T:

2 FILER NAME *Tracey L. Gulley*

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)
N/A

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling N/A

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED