CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				the second second second		
The C/OH Instruction (Guide explains how t	o complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Ms.	FIRST Tracey		мі L .	OFFICE	USE ONLY
NAME	NICKNAME	LAST Gulley		SUFFIX	Date Received	2022
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; Dallas TX	75217	COUNTY CLI	JUL 15 PH
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 808-4063	EXTENSI	ON	Date Hand-delivered	1
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	John LAST Beckwith		MI E. SUFFIX Jr.	Date Processed Date Imaged	Allount
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	Thornton		llas	STATE;	ZIP CODE 75224
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 317-7831	EXTENSI	ON		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e	election Exc	noff seeded Modified porting Limit	treasurer ap (Officeholde	
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH	Month 6	Day Year / 30 / 22	
11 ELECTION	Month Day 3 / 1	Year Primary 22 Genera		Other Description		
12 OFFICE	OFFICE HELD (if any) Constable	Pct. 1	DC AVED GLOSS PLANORSHIP	sought (if known	n) Constable C	Office Pct. 1
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TE	ES MAY HAVE BEEN MADE UIRED TO REPORT THIS INFO	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Tracey L. Gulley		16 Filer ID (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)	\$ 4,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,411.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* -11.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
(1) Affidavit	Please complete either option below: Lenita Bailey My Commission Expires 05/02/2023 ID No. 10369950	
NOTARY STAMP/S	Topogra 1 Cullan	15th July
Sworn to and subscrib 20 22, to cert Signature of officer admini	ify which, witness my hand and seal of office. Lenita Bailey	n day of, N day of, Title of officer administering oath
	OR	
(2) Unsworn Declara	ation	
My name is	, and my date of birth is _	
My address is		
	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ey L. Gulley	20 Filer ID (Ethics Co.	mmiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,400.00
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.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			4,411.49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	200.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	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 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#:) John Wiley Price	7 Amount of contribution (\$)
01/04/2022	6 Contributor address; City; State; Zip Code 510 E. 5th St. Dallas TX 75203	1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Stonewall Democrats of Dallas	Amount of contribution (\$)
02/09/2022	Contributor address; City; State; Zip Code P.O. Box Dallas TX 75219	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/10/2022	Michael Campbell Contributor address; City; State; Zip Code P.O. Box 89020 Ft. Worth TX 76124	250.00
Principal occup	pation / 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 P.O. Box 76519 Dallas TX 75376	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
² FILER NAME Tracey L.	Gulley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
02/10/2022	557 352 879 77 539	700.00 203
8 Principal occu	pation / Job title (See Instructions) 9 Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/12/2022	Contributor address; City; State; 2717 Meadow Stone Ln Dallas TX 752	Zip Code 1,000.00
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; 2	Zip Code
Principal occup	Dation / Job title (See Instructions) Employ	ver (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Z	Zip Code
Principal occup	pation / Job title (See Instructions) Employ	ver (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SC	CHEDULE AS NEEDED
	If contributor is out-of-state PAC please see Instruction guide	

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

	The Instruction Guide explains now to			
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley		3 Filer ID (Ethio	s Commission Filer
4 Date 01/31/2022	5 Payee name M.M. S. Company Ad Specialties L.	L.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 Auslin,	TX, 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	Dutch Maid Donuts			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.82	1303 N. Dallas Ave.	Lancaster	TX	75134
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Breakfast Donut	ts	
	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	9	Office held
Date	Payee name		3111111	
01/31/2022	Chicken Express			
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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule F1	Tracey L. Gulley		3 Filer ID (Ethio	es Commission Filers
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	js TX	75180
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 Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/08/2022	Jack In The Box			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.56	1448 W. Pleasant Run Rd	Lançaster	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, T.	X, 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			
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		
	Advertising Expense	Ads/ Radio		
PURPOSE OF EXPENDITURE				
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living e	xpense

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

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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Tracey L. Gulley 4 Date 5 Payee name 02/13/2022 M.M.S. Company Ad Specialties L.L.C. City; State: Zip Code 6 Amount (\$) 7 Payee address; TX 75115 217 N. I-35 Exast Desoto 901.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Push Cards Advertising Expense PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date McDonald's Restaurant #18178 02/13/2022 State; Zip Code City; Amount (\$) Payee address; TX Lancaster 75146 1463 W. Pleasant Run Rd 20.31Description Category (See Categories listed at the top of this schedule) Workers Food Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/14/2022 Golden Chick #1239 Zip Code City; State; Amount (\$) Payee address; TX 75146 1444 W. Pleasant Run Rd Lancaster 12.97 Category (See Categories listed at the top of this schedule) Description Workers Food Expense PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct 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

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule F	Tracey L. Gulley		3 Filer ID (Ethi	cs 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	75146
3	(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 Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
02/15/2022	Wendy's Restaurant			
Amount (\$)	. Payee address;	City;	State;	Zip Code
4.33	622 E. Camp Wisdom Road	Duncanville	e 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 Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	F	Office held
Date	Payee name			
02/16/2022	McDonald's Restaurant			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.87	120 E. I20	Duncanville	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 Austin, T	X, officeholder living	expense

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 (Ethi	cs Commission Filers)
4 Date	5 Payee name		-	
02/16/2022	Jack In The Box			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.54	110 E. Camp Wisdom Rd	Dallas	TX	75241
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 Austin,	TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/16/2022	Chicken Express Duncanville			
Amount (\$)	Payee address;	City;	State;	Zip Code
30.82	802 S. Cockrell Hill Rd	Duncanville	e TX	75137
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, T	X, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/17/2022	Williams Chicken #17			
Amount (\$)	Payee address;	City;	State;	Zip Code
41.50	8502 S. Lancaster Rd	Dallas	TX	75241
	Category (See Calegories 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, T	X, officeholder living	expense
		Office sought		Office held

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

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Tracey L. Gulley		3 Filer ID (Ethics	s Commission Filers)
4 Date 02/19/2022	5 Payee name McDonalds Restaurant			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.57	120 E. 120	Duncanville	TX	75116
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 Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
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 OF EXPENDITURE	Food Expense	Workers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/23/2022	M.M.S. Company Ad Specialties L.L.	.C.		
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	217 N. I-35 East	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	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 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Tracey L. Gulley 10 4 Date 5 Payee name 03/23/2022 Evans Engraving & Stamping, Inc. City; Zip Code 7 Payee address; State; 6 Amount (\$) TX **Dallas** 75208 208 S. Tyler 54.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Memorial Plague Event Expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Walmart 04/15/2022 City; State; Zip Code Amount (\$) Pavee address: **Dallas** TX 75232 200 Short St. 249.38 Description Category (See Categories listed at the top of this schedule) Food Expense Funeral **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/21/2022 John Wiley Price Campaign Zip Code Pavee address: City; State: Amount (\$) TX 75203 Dallas 510 E. 5th St. 500.00 Category (See Categories listed at the top of this schedule) Description Contribution **PURPOSE** Donation OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct 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			
Total pages Schedule F1:	Tracey L. Gulley		3 Filer ID (Ethic	s Commission Filers)
1 Date	5 Payee name			
04/29/2022	Walmart			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
71.72	200 Short St.	Dallas	TX	75232
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Event Expens	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/02/2022	Rachel McGowan Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/03/2022	Walmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
154.91	200 Short St.	Dallas	TX	75232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Funeral		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
				Office held

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

200 M M M M M M M M M M M M M M M M M M	Power service and account of the service and t		F ₂	The state of the s
Total pages Schedule F1:	Tracey L. Gulley		3 Filer ID (Ethic	s Commission Filers)
Date 05/17/2022	5 Payee name Family Dollar			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
9.96	8550 S. Polk St.	Dallas	TX	75232
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Beverage Expense	Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
	N/A			
	IV/A			
Amount (\$)	Payee address;	City;	State;	Zip Code
	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 Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Sale	N/A			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		Funeral		
	CASS SCHOOLS AND ANGERT SECTION OF A SA MARKAN SAN TO THE	Chack if Aug	tin, TX, officeholder living	g expense
	Check if travel outside of Texas. Complete Schedule T.	Check ii Aus		Pa 1171

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

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

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers	
3	Tracey L. Gulley				
4 Date 01/30/2022	Phat Matt's Hot Wings				
6 Amount (\$) 139.18 Reimbursement from political contributions intended	7 Payee address; 2451 W. Ledbetter Dr.	city; Dallas	State; TX	Zip Code 75233	
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,	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 02/07/2022	Payee name On the Border				
Amount (\$) 53.76 Reimbursement from political contributions intended	Payee address; 1003 North I-35 E	City; 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	sought Office held		
Date 02/09/2022	Payee name Red Claws Crab Shack				
Amount (\$) 37.48 Reimbursement from political contributions intended	Payee address; 4629 S. Cooper St. #111	city; 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 expense			
complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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

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

Candidate/Officeholder/Po Credit Card Payment	litical Committee Legal Services Sala The Instruction Guide explains how	ries/Wages/Contract Labor r to complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule G	Tracey L. Gulley		3 Filer ID (Ethics	Commission Filers	
4 Date	5 Payee name				
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	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 02/19/2022	Payee name Wendy's Restaurant			ē	
Amount (\$) 13.52 Reimbursement from political contributions intended	Payee address; 510 South Beckley	city; Dallas	State; TX	Zip Code 75203	
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		Office held	
Date 02/19/2022	Payee name Wendy's Restaurant		*		
Amount (\$) 5.94 Reimbursement from political contributions intended	Payee address; 2828 W. Wheatland	city; 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 expense			
omplete <u>ONLY</u> if direct conditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice held	

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

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

	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule G:	2 FILER NAME Tracey L. Gulley 3 Filer ID (Ethics Commission Filer				
4 Date 03/24/2022	5 Payee name Victoria Price				
6 Amount (\$) 200.00 Reimbursement from political contributions intended	7 Payee address; 1242 N. Masters Dr. #235	city; Dalla:	State; Zip Code S TX 75217		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Push Cards			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code		
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/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
ACCOMPANY TO THE PROPERTY PROPERTY PROPERTY AND ACCOMPANY	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED		