

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

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7

1

2024

THROUGH

12

31

2024

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Constable Pct. 1

Dallas County
Constable Office PCT. 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

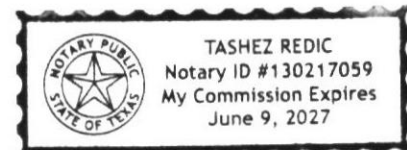
| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 608. ¹⁶ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1401. ¹⁷ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tracey L. Gulley this the 14 day of January, 2025, to certify which, witness my hand and seal of office.

Tashez Redic Tashez Redic Notary
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. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 0 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0 |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0 |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ | 0 |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0 |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0 |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0 |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | 1401. ¹⁷ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | 0 |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0 |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 1401. ¹⁷ |

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 N/A <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 0 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor N/A <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) 0 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor N/A <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) 0 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor N/A <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) 0 |
| 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 <div style="font-size: 1.2em; font-family: cursive;">Tracey L. Gulley</div> | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">N/A</div> | | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| 7 Contributor address; City; State; Zip Code | | | | <div style="font-size: 1.5em; font-family: cursive;">0</div> | |
| | | | | | |
| | | | | <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">N/A</div> | | | Amount of Contribution \$ | In-kind contribution description |
| Contributor address; City; State; Zip Code | | | | <div style="font-size: 1.5em; font-family: cursive;">0</div> | |
| | | | | | |
| | | | | <input type="checkbox"/> 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 <div style="text-align: center; font-size: 1.2em;">Tracey L. Gulley</div> | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">N/A</div> | | 8 Amount of Pledge \$ | | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code | | <div style="font-size: 1.5em;">0</div> <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">N/A</div> | | Amount of Pledge \$ | | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | <div style="font-size: 1.5em;">0</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">N/A</div> | | Amount of Pledge \$ | | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | <div style="font-size: 1.5em;">0</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">N/A</div> | | Amount of Pledge \$ | | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | <div style="font-size: 1.5em;">0</div> <input type="checkbox"/> 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 <div style="font-size: 1.2em; font-family: cursive;">Tracey L. Golley</div> | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS | | | | \$ <div style="font-size: 1.2em; font-family: cursive;">0</div> | |
| 5 Date of loan | | 7 Name of lender <div style="font-size: 1.2em; font-family: cursive;">N/A</div> <input type="checkbox"/> out-of-state PAC (ID#: _____) | | 9 Loan Amount (\$) | |
| 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 <input type="checkbox"/> none | | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) | | |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | | 17 Name of guarantor <div style="font-size: 1.2em; font-family: cursive;">N/A</div> 18 Guarantor address; City; State; Zip Code | | 19 Amount Guaranteed (\$) <div style="font-size: 1.2em; font-family: cursive;">0</div> | |
| 20 Principal Occupation (See Instructions) | | | 21 Employer (See Instructions) | | |

| | | | | | |
|--|--|---|---|--|--|
| Date of loan | | Name of lender <div style="font-size: 1.2em; font-family: cursive;">N/A</div> <input type="checkbox"/> out-of-state PAC (ID#: _____) | | Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">0</div> | |
| 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 <input type="checkbox"/> none | | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | | Name of guarantor <div style="font-size: 1.2em; font-family: cursive;">N/A</div> Guarantor address; City; State; Zip Code | | Amount Guaranteed (\$) <div style="font-size: 1.2em; font-family: cursive;">0</div> | |
| 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 | 5 Payee name N/A | |
| 6 Amount (\$) 0 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name N/A | |
| Amount (\$) 0 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name N/A | |
| Amount (\$) 0 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 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 <i>Tracey Gulley</i> | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | | \$ | | | |
| 5 Date | 6 Payee name <i>N/A</i> | | | | | |
| 7 Amount (\$) <i>0</i> | 8 Payee address; City; State; Zip Code | | | | | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |

| | | | | | | |
|--|---|-------------|-------------|-------------------------------|---------------|-------------|
| Date | Payee name <i>N/A</i> | | | | | |
| Amount (\$) <i>0</i> | Payee address; City; State; Zip Code | | | | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| 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 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Tracey L. Gulley</div> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Name of person from whom investment is purchased <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</div> | | |
| | 6 Address of person from whom investment is purchased; City; State; Zip Code | | |
| | 7 Description of investment | | |
| | 8 Amount of investment (\$) | | |
| Date | Name of person from whom investment is purchased <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</div> | | |
| | Address of person from whom investment is purchased; City; State; Zip Code | | |
| | 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
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
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 | | |
| 6 PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name N/A | (b) Payee address; City, State, Zip Code | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office Sought Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name N/A | (b) Payee address; City, State, Zip Code | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 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 N/A | (b) Payee address; City, State, Zip Code | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 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 <div style="font-size: 1.2em;">Tracey L. Gulley</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="font-size: 1.2em;">7/18/24</div> | 5 Payee name <div style="font-size: 1.2em;">Evans Engraving Stamping</div> | | |
| 6 Amount (\$) <div style="font-size: 1.2em;">28.⁰⁰</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">208 S. Tyler St. Dallas, Tx. 75208</div> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Memorial Expense</div> | | (b) Description |
| | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |

| | | | |
|--|---|--|--------------------|
| Date <div style="font-size: 1.2em;">8/21/24</div> | Payee name <div style="font-size: 1.2em;">Evans Engraving Stamping</div> | | |
| Amount (\$) <div style="font-size: 1.2em;">28.⁰⁰</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">208 S. Tyler St. Dallas, Tx. 75208</div> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Memorial Expense</div> | | Description |
| | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |

| | | | |
|--|---|--|--------------------|
| Date <div style="font-size: 1.2em;">8/27/24</div> | Payee name <div style="font-size: 1.2em;">Evans Engraving Stamping</div> | | |
| Amount (\$) <div style="font-size: 1.2em;">28.⁰⁰</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">208 S. Tyler St. Dallas, Tx. 75208</div> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Memorial Expense</div> | | Description |
| | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |

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 9/10/24 | 5 Payee name Evans Engraving Stamping | |
| 6 Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Memorial Expense | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | |
|---|---|--------------------|
| Date 10/8/24 | Payee name Evans Engraving Stamping | |
| Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Memorial Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | |
|---|---|--------------------|
| Date 11/14/24 | Payee name Evans Engraving Stamping | |
| Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Memorial Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 12/10/24 | 5 Payee name Evans Engraving Stamping | |
| 6 Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Memorial Expense | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | |
|--|---|-------------|
| Date 12/10/24 | Payee name Evans Engraving Stamping | |
| Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Memorial Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

| | | |
|--|---|-------------|
| Date 12/30/24 | Payee name Evans Engraving Stamping | |
| Amount (\$) 28. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 208 S. Tyler St. Dallas, Tx. 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Memorial Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

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
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 Filers) |
| 4 Date 9/30/24 | 5 Payee name Sam's Club | |
| 6 Amount (\$) 153. ⁹¹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2900 W. Wheatland Rd. Dallas, Tx. 75237 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Expense | (b) Description National Night Out Event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9/30/24 | Payee name Columbia Packing Co. | |
| Amount (\$) 89. ⁸⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2704 Hickory St. Dallas, Tx. 75226 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | Description National Night Out Event |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/1/24 | Payee name Five Below | |
| Amount (\$) 22. ⁶⁸ <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3450 Bainbridge Dr. Dallas, Tx. 75237 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description National Night Out Event |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 <u>Tracey L. Gulley</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/1/24</u> | 5 Payee name <u>Family Dollar</u> | |
| 6 Amount (\$) <u>10.⁷²</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <u>8550 S. Polk St.</u> <u>Dallas, Tx. 75232</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <u>11/1/24</u> | Payee name <u>Cash Saver</u> | |
| Amount (\$) <u>3.⁶⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <u>1201 W. Camp Wisdom Rd.</u> <u>Dallas, Tx. 75248</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Beverage Expense</u> | Description <u>Staff Meeting</u> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <u>12/11/24</u> | Payee name <u>Packing House Market</u> | |
| Amount (\$) <u>200.⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <u>3117 S. Malcolm X Blvd.</u> <u>Dallas, Tx. 75215</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Food Expense</u> | Description <u>Community Christmas Luncheon</u> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 <div style="font-size: 1.2em;">Tracey L. Gulley</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="font-size: 1.2em;">12/12/24</div> | 5 Payee name <div style="font-size: 1.2em;">Sam's Club</div> | | |
| 6 Amount (\$) <div style="font-size: 1.2em;">127.²²</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2900 W. Wheatland Rd. Dallas, Tx. 75237</div> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div> | | (b) Description <div style="font-size: 1.2em;">Community Christmas Luncheon</div> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|---|---|--|---|
| Date <div style="font-size: 1.2em;">12/13/24</div> | Payee name <div style="font-size: 1.2em;">Christopher Mitchell</div> | | |
| Amount (\$) <div style="font-size: 1.2em;">150.⁰⁰</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2255 Montrose Lane Lancaster, Tx. 75134</div> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div> | | Description <div style="font-size: 1.2em;">Entertainment Christmas Luncheon</div> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

| | | | |
|--|---|--|-------------|
| Date <div style="font-size: 1.2em;">12/10/24</div> | Payee name <div style="font-size: 1.2em;">Beckley Donuts</div> | | |
| Amount (\$) <div style="font-size: 1.2em;">76.⁰⁰</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2319 S. Beckley Ave. Dallas, Tx. 75224</div> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Food Expense</div> | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | |

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
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 H: | 2 FILER NAME <i>Tracey L. Gulley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name <i>N/A</i> | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | |
| | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name <i>N/A</i> | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name <i>N/A</i> | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | |
| | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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 <i>Tracey L. Gulley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name <i>N/A</i> | |
| 6 Amount (\$) | 7 Payee address; | 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 <i>N/A</i> | |
| 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 <i>N/A</i> | |
| 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 <i>N/A</i> | |
| 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

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 <div style="font-size: 1.2em;">Tracey L. Gulley</div> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <div style="font-size: 1.2em;">12/11/24</div> | | 5 Payee name <div style="font-size: 1.2em;">Sam's Club</div> | | | |
| 6 Amount (\$) <div style="font-size: 1.2em;">93.¹¹</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2900 W. Wheatland Rd. Dallas, Tx. 75237</div> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div> | | (b) Description <div style="font-size: 1.2em;">Community Christmas Luncheon</div> | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date <div style="font-size: 1.2em;">12/11/24</div> | | Payee name <div style="font-size: 1.2em;">Sam's Club</div> | | | |
| Amount (\$) <div style="font-size: 1.2em;">60.⁴⁵</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2900 W. Wheatland Rd. Dallas, Tx. 75237</div> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div> | | Description <div style="font-size: 1.2em;">Community Christmas Luncheon</div> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date <div style="font-size: 1.2em;">12/11/24</div> | | Payee name <div style="font-size: 1.2em;">Restaurant Depot</div> | | | |
| Amount (\$) <div style="font-size: 1.2em;">161.³⁸</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2151 Irving Blvd. Dallas, Tx. 75207</div> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Food Expense</div> | | Description <div style="font-size: 1.2em;">Community Christmas Luncheon</div> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Tracey L. Gulley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received <i>N/A</i> | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State; Zip Code | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received <i>N/A</i> | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received <i>N/A</i> | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received <i>N/A</i> | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received <input type="checkbox"/> 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 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Tracey L. Gulley</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</div> | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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) |

| | | |
|--|--|---|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</div> | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">N/A</div> | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 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) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED