

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MRS.

FIRST

TRACY

MI

B

NICKNAME

LAST

GRAY

SUFFIX

OFFICE USE ONLY

Date Received

FILED FOR RECORD
KAUFMAN COUNTY TEXAS
2022 AUG 18 11:38
LAURA A. HINES
COUNTY CLERK
BY: [Signature]

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

()

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST

Bobby

MI

S

NICKNAME

LAST

Booker

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

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

1002 Knoxbridge

CITY;

Forney

STATE;

TX

ZIP CODE

75126

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 552-1236

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

01 / 01 / 2022

THROUGH

Month

Day

Year

06 / 30 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

10 / 08 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Judge, Kaufman County Court at Law

13 OFFICE SOUGHT (if known)

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | |
|------------------------------------|---|--|
| 15 JC/OH NAME Tracy Gray | | 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 47,075.58 |

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.

Tracy Gray

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Tracy Gray this the 18th day of August.

20 Tamara Davis, to certify which, witness my hand and seal of office.

Tamara Davis Printed name of officer administering oath
Tamara Davis Title of officer administering oath
Notary Public

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)

OUTSTANDING LOANS

SCHEDULE L

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 L: | |
| 2 FILER NAME Tracy Gray | | 3 Filer ID (Ethics Commission Filers) | |
| LENDER INFORMATION | 4 Name of lender Martha Gray | | |
| | 5 Lender address; 11912 FM 740 | City; Forney | State; Zip Code TX 75126 |
| GUARANTOR INFORMATION | 6 Name of guarantor | | |
| <input checked="" type="checkbox"/> not applicable | 7 Guarantor address; | City; | State; Zip Code |
| LENDER INFORMATION | Name of lender Bobby Booker | | |
| | Lender address; 1002 Knoxbridge | City; Forney | State; Zip Code TX 75126 |
| GUARANTOR INFORMATION | Name of guarantor | | |
| <input checked="" type="checkbox"/> not applicable | Guarantor address; | City; | State; Zip Code |
| LENDER INFORMATION | Name of lender | | |
| | Lender address; | City; | State; Zip Code |
| GUARANTOR INFORMATION | Name of guarantor Scott & Tracy Gray | | |
| <input checked="" type="checkbox"/> not applicable | Guarantor address; | City; | State; Zip Code |
| LENDER INFORMATION | Name of lender | | |
| | Lender address; | City; | State; Zip Code |
| GUARANTOR INFORMATION | Name of guarantor | | |
| <input type="checkbox"/> not applicable | Guarantor address; | City; | State; Zip Code |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED