

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FILED
FORM COR-C/OH
2016 SEP 22 PM 1:54

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>4</u>		OFFICE USE ONLY JOHN F. WARREN COUNTY CLERK DALLAS COUNTY Date Received
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Tracey</u>	FIRST <u>L</u>	MI	
	NICKNAME <u>Guiley</u>	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked
5 ORIGINAL PERIOD COVERED	Month Day Year <u>1 / 1 / 2016</u>	THROUGH	Month Day Year <u>3 / 01 / 2016</u>	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____

6 EXPLANATION OF CORRECTION
 The Reimbursement for Expense was Not Itemized from Tennell Atkins. The Expense Reimbursement was for (\$1,000.00 for yard sign) (\$1,500.00 for Phone Bank)

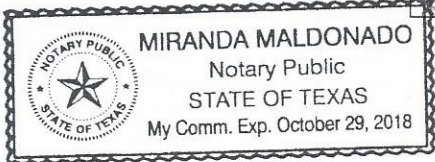
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Tracey Guiley
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tracey Guiley, this the 22nd day of September 20 16, to certify which, witness my hand and seal of office.

Miranda Maldonado
Signature of officer administering oath

Miranda Maldonado
Printed name of officer administering oath

Notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 <i>1/19/2016</i>	5 Payee name <i>Tennell Atkins</i>	
6 Amount (\$) <i>\$2,500⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2717 Meadow Stone LN Dallas TX 75237</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Reimbursement for EXPENSE</i>	(b) Description (See instructions regarding type of information required.)
	<i>\$1,000⁰⁰ yards sign 1,500⁰⁰ phone Bank</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED