In all sections, please type or print clearly in blue or black ink.

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Each question in this part must be answered	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes If yes, complete and attach Schedule III.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X
and the	₹	§	No U
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.
esponse.	Yes	Yes Z	Yes 🔀
	₹	8	8 □

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

^No

Yes □

<u>₹</u>

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name James D. Tracy

Page of of

exceeding \$1,000. See examples below.
more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					Fairlane church of christ, shellownieth Souse Salar	Murkespro	Midde Tempessee Christian School	CHICHON Group, Nashinie TN Salary	Nationwide Insurano, Shulbynile, TN Gross Sal	State of Tennessee	Harris County, Texas Public Schools		Examples: First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Course (include sale of lecept for including)	Source (include date of receipt for honoraria)
					hope sonas n		holds emails of		Gross Salany	Legislative Salan	Spouse Salary	Honorarium	Director's Fee	Salary	. ype	Type
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Pegoles Bank Horse	· Calvert Incomes	· Fidelify ottoporters	· Fidelity Contained	Greatwest HON		JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in, Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.
×	4	X	×		×	×	Indefinite	×	None	Indicate value of of reporting year, valuation method market value, ple method used. If an asset was s reporting year ar only because it g income, the value "None."
									\$250,001 - \$500,000	he e
					×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even interest.
×	X	X	×				Royalties		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ncome that apply. For that that do not be specific investing enerate taxisuch as 401(k) a may check the arm. Dividends, the disclosed of income during d.
	*	×	X		*	×	×	×	None	Amount of Income For assets for which you che Deferred" in Block C, you may "None" column. For all other asset the category of income by che appropriate box below. Dividend and capital gains, even if reinve be disclosed as income. Check income was earned or generated.
	×	X	*		*	×	×	X	None	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James D. Tracy Page 4 of ...

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SCHEDULE III — LIABILITIES

Name James D. Tracy

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

				SP, DC,	
	VISA.	Proples Bank, shellownia	Example: First Bank of Wilmington, DE	Creditor	
	Junea	Soc and	May 1998	Date Liability Incurred mo/year	
	Junea credit Card	mortage on the sket	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	X			\$10,001— \$15,000	
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				Over \$50,000,000	

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

	Board Member	Board Member	Position
	Board Member MITSU Honors College Board of VISHONS	Board Member Habitat for Humanity State Board	Name of Organization

SCHEDULE V — AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

		3	Acres Parsa	Date	on plan maina
		muself + Notionwide Insurance	Muself + State of Tennessee	Parties To	on par mamamod by a crime employer.
		Bullout agreement	Leais betwee Pension Plan Darticipato	Terms of Agreement	

SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2012 72-584 (mac)