

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) 00062860	2 Total pages filed: 14		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tracy A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2024	
	NICKNAME	LAST Gilbert	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	REDACTED PER 254.0313, GOV'T CODE			Receipt #	
				Amount	
				Date Processed	
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST James O.	MI		
	NICKNAME	LAST Gilbert	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
			STATE;	ZIP CODE	
REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832) 541-4864				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15				
	<input type="checkbox"/> July 15				
				<input type="checkbox"/> 30th day before election	
				<input type="checkbox"/> 8th day before election	
				<input type="checkbox"/> Runoff	
				<input type="checkbox"/> Exceeded modified reporting limit	
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
				<input type="checkbox"/> Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month	Day	Year		
	07/01/2023				
			THROUGH		
			Month	Day	
			Year	Year	
			12/31/2023		
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)	
	District Judge District 418 Montgomery				

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 14

13 C / OH NAME Gilbert, Tracy A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00062860

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. 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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,980.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,491.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,890.00

17 AFFIDAVIT

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.

The Honorable Tracy A. Gilbert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Gilbert, Tracy A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00062860
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	1,890.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,980.12
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,073.25
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.43

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/3 Rpt: 4/14
2 FILER NAME Gilbert, Tracy A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062860
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/16/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Tracy	9 Loan Amount (\$) \$1,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code The Woodlands, TX 77387	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge, 418th District Court
14 Lender's Employer/Law Firm State of Texas		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/3 Rpt: 5/14
2 FILER NAME Gilbert, Tracy A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062860
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/29/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Tracy	9 Loan Amount (\$) \$40.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code The Woodlands, TX 77387	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge, 418th District Court
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 3/3 Rpt: 6/14
2 FILER NAME Gilbert, Tracy A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062860
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/15/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Tracy	9 Loan Amount (\$) \$350.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code The Woodlands, TX 77387	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge, 418th District Court
14 Lender's Employer/Law Firm State of Texas		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/3 Rpt: 7/14	2 FILER NAME Gilbert, Tracy A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062860
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4 Date 08/31/2023	5 Payee name Clerk, Supreme Court
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6 Amount (\$) \$330.00	7 Payee address; City; State; Zip Code P.O. Box 149335 Austin, TX 78714-9335
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Bar dues
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2023	Payee name MOCO-COC-CISD Scholarship Association
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 10907 Waterview Circle Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2023	Payee name Montgomery County Republican Party
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 921 W. Austin St. Conroe, TX 77301
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/3 Rpt: 8/14	2	FILER NAME Gilbert, Tracy A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062860
4	Date 07/31/2023	5	Payee name Smart Financial Credit Union		
6	Amount (\$) \$0.05	7	Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/31/2023		Payee name Smart Financial Credit Union		
	Amount (\$) \$0.03		Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/30/2023		Payee name Smart Financial Credit Union		
	Amount (\$) \$0.01		Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/3 Rpt: 9/14	2 FILER NAME Gilbert, Tracy A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062860
4 Date 10/31/2023	5 Payee name Smart Financial Credit Union	
6 Amount (\$) \$0.01	7 Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Smart Financial Credit Union	
Amount (\$) \$0.01	Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name Smart Financial Credit Union	
Amount (\$) \$0.01	Payee address; City; State; Zip Code P.O. Box 920719 Houston, TX 77292-0719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense federal withholding
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Gilbert, Tracy A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062860
4 Date 12/15/2023	5 Payee name Aaron, Kathryn	
6 Amount (\$) 50.00	7 Payee Address; City; State; Zip 46 Carlyle Place The Woodlands, TX 77382	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas
Date 12/15/2023	Payee name Ashmore, Richard	
Amount (\$) 50.00	Payee Address; City; State; Zip 2951 N. Loop 336 W., Apt. 322 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas
Date 07/28/2023	Payee name El Bosque	
Amount (\$) 463.26	Payee Address; City; State; Zip 1111 W. Dallas St #105 Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office member retirement
Date 12/15/2023	Payee name Fiore, Jeff	
Amount (\$) 50.00	Payee Address; City; State; Zip 500 Gay Dr. Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Gilbert, Tracy A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062860
4 Date 12/15/2023	5 Payee name Marsala's Italian Grill	
6 Amount (\$) 259.99	7 Payee Address; City; State; Zip 100 Scarborough Dr., Ste 3 Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas
Date 12/15/2023	Payee name Perry, Kimberly	
Amount (\$) 50.00	Payee Address; City; State; Zip 1906 Parnevik Pl. Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas
Date 12/15/2023	Payee name Roswell, Tammy	
Amount (\$) 50.00	Payee Address; City; State; Zip 15135 Park Lane Conroe, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas
Date 12/15/2023	Payee name Shanahan, Lisa	
Amount (\$) 50.00	Payee Address; City; State; Zip 231 Wickwood Dr. Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Gilbert, Tracy A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062860
4 Date 12/15/2023	5 Payee name Townes, Christa	
6 Amount (\$) 50.00	7 Payee Address; City; State; Zip 122 Lily Green Ct. Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) office Christmas

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 13/14
2 FILER NAME Gilbert, Tracy A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062860
4 Date 07/31/2023	5 Name of person from whom amount is received Smart Financial Credit Union	8 Amount (\$) \$0.18
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	7 Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer interest	
Date 08/31/2023	Name of person from whom amount is received Smart Financial Credit Union	Amount (\$) \$0.11
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer interest	
Date 09/30/2023	Name of person from whom amount is received Smart Financial Credit Union	Amount (\$) \$0.04
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer interest	
Date 10/31/2023	Name of person from whom amount is received Smart Financial Credit Union	Amount (\$) \$0.04
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer interest	
Date 11/30/2023	Name of person from whom amount is received Smart Financial Credit Union	Amount (\$) \$0.04
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer interest	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 14/14
2 FILER NAME Gilbert, Tracy A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062860
4 Date 12/31/2023	5 Name of person from whom amount is received Smart Financial Credit Union	8 Amount (\$) \$0.02
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719	
	7 Purpose for which amount is received interest	<input type="checkbox"/> Check if political contribution returned to filer