

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) 00088205 | 2 Total pages filed: 12 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Timothy M. | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Good | SUFFIX | | Date Received ELECTRONICALLY FILED 02/05/2024 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 824 Joshua, TX 76058 | | | Date Hand-delivered or Date Postmarked | | | |
| | | | | Receipt # Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST David A. | MI | | | | |
| | NICKNAME | LAST Mitroff | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 613 Joy Ct. Burlleson, TX 76028 | | | | | | |
| | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (847) | 343-0278 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 01 | 01 | 2024 | | 02 | 05 | 2024 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | |
| | 03 | 05 | 2024 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 18 Johnson and Somervell | | | |
| | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Good, Timothy M. (Mr.) **14** Filer ID (Ethics Commission Filers)
00088205

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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) | \$ | 2,520.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 7,640.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,904.33 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 16,500.00 |

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.

Mr. Timothy M. Good

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 Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

| | |
|--|---|
| 18 FILER NAME Good, Timothy M. (Mr.) | 19 Filer ID (Ethics Commission Filers) 00088205 |
|--|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,520.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 7,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 7,640.35 |
| 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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold , Jessie <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76028 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arriola, Brandon <hr/> Contributor address; City; State; Zip Code Grandview, TX 76050 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadwell, James <hr/> Contributor address; City; State; Zip Code Westland, MI 48185 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloppton Wright, Maggie <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Charles <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goins, Sean <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Karen <hr/> Contributor address; City; State; Zip Code Burleson , TX 76028 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Peggie <hr/> Contributor address; City; State; Zip Code Joshua , TX 76028 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Keith <hr/> Contributor address; City; State; Zip Code Burleson , TX 76028 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitroff, Don <hr/> 6 Contributor address; City; State; Zip Code Itasca, IL 60143 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Maggie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunley, Stephen <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Gary <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarbrough, Keith <hr/> Contributor address; City; State; Zip Code Godley, TX 76004 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Standford, Jamie <hr/> 6 Contributor address; City; State; Zip Code Burleson , TX 76097 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Jerry <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarver, Mardie <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammell, Larry <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Phillip <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrip, Johnny <hr/> 6 Contributor address; City; State; Zip Code Joshua , TX 76058 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wernette, Jacob <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 9/12 |
| 2 FILER NAME Good, Timothy M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 01/01/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, Good | 9 Loan Amount (\$) \$7,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Joshua , TX 76058 | 10 Interest Rate |
| | | 11 Maturity Date 07/01/2024 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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: 10/12 | 2 FILER NAME Good, Timothy M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/13/2024 | 5 Payee name Meta Platforms | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Social Media Marketing Exp. | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad Campaign |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2024 | Payee name Meta Platforms | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Social Media Marketing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad Campaign |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Meta Platforms | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Social Media Marketing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad Campaign |
| 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: 2/3 Rpt: 11/12 | 2 FILER NAME Good, Timothy M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/16/2024 | 5 Payee name Now Magazines | |
| 6 Amount (\$) \$1,408.00 | 7 Payee address; City; State; Zip Code 327 N Grand Ave Ste 1 Waxahachie, TX 75165 | |
| 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 Full page Ad in Feb 2024 Issue- Burleson Now |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Old Texas Brewing Co. | |
| Amount (\$) \$700.00 | Payee address; City; State; Zip Code 112 W Ellison St, Burleson, TX 76028 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event #2 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Vistaprint Netherlands B.V. | |
| Amount (\$) \$2,581.53 | Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large Campaign Signs |
| Complete ONLY 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: 12/12 | 2 FILER NAME Good, Timothy M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00088205 |
| 4 Date 01/23/2024 | 5 Payee name Vistaprint Netherlands B.V. | |
| 6 Amount (\$) \$1,375.85 | 7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers Pushcards |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 01/09/2024 | Payee name Vistaprint Netherlands B.V. | |
| Amount (\$) \$438.18 | Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers Pushcards |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 01/09/2024 | Payee name Vistaprint Netherlands B.V. | |
| Amount (\$) \$836.79 | Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards Yard Signs |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |