FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062860 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tracy A. NAME Date Received **ELECTRONICALLY FILED** 07/03/2024 NICKNAME LAST **SUFFIX** Gilbert CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James O. NAME NICKNAME LAST **SUFFIX** Gilbert **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 541-4864 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 418 Montgomery

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Gilbert, Tracy A. (Th	e Honorable)	14 Filer ID (00062860	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office ITICAL consent. Candidates and officeholders are required to report this information only if they receive n							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL	GENERAL						
		COMMITTEE ADDRESS						
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS .					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 2,000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$ 0.00				
		\$ 1,205.34						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$ 3,287.19				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 1,890.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Hono	orable Tracy A. Gilbe	rt				
			Candidate or Officehol					
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subsc	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	JVER SHEET	3 of 12		
	(Ethics Commission	n Filers)		
CHEDULE SUBTOTALS AME OF SCHEDULE				MOUNT
X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				2,000.00
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,205.34
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	
0. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	0.65
	Exert, Tr. HEDULI, ME OF S	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE E(J): LOANS (JUDICIAL) SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IS	ER NAME Dert, Tracy A. (The Honorable) Derth De	ER NAME Dert, Tracy A. (The Honorable) 19 Filer ID 00062860 SUBTOTAL AI SUBTOTAL AI SCHEDULE SUBTOTALS WE OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE E(J): LOANS (JUDICIAL) SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: SCHEDULE F7: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE F6: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE F1: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

MONET	SCHEDULE A(J)1		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/12
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 00062860
4 Date 06/11/2024			7 Amount of Contribution (\$) \$2,000.0
	Montgomery, TX 77356		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	•
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	pouse (if any)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana O. I. I. T.	1
1	Total pages Schedule F1:	
	Sch: 1/6 Rpt: 5/12	Gilbert, Tracy A. (The Honorable) 00062860
4	Date	5 Payee name
	02/07/2024	Bentwater Country Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	800 Bentwater Drive
		Montgomery, TX 77356
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		NSRW luncheon fee(s)
		No. W Idino il ocio)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	•	
	Date	Payee name
	06/01/2024	Clerk, Supreme Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.00	P.O. Box 149335
		Austin, TX 78714-9335
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		State Bar dues
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payros namo
	01/30/2024	Payee name Fact Montgomery County Penublican Women
		East Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 292
		New Caney, TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees O
Food/Beverage Expense P
Git/Awards/Memorials Expense P
Legal Services S
Food-Memorials Expense P
Food-Memorial Expense P
Food

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 6/12	Gilbert, Tracy A. (The Honorable) 00062860
4	Date	5 Payee name
	06/27/2024	From You Flowers, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.29	143 Mill Rock Road East
		Old Saybrook, CT 06475
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense flower arrangement
		nower arrangement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	02/06/2024	H.E.B.
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.54	2108 North Frazier
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense roses
		10363
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 02/13/2024	Payee name H.E.B.
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.14	2108 North Frazier
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		roses
		10363
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 7/12	Gilbert, Tracy A. (The Honorable)	00062860
4	Date	5 Payee name	
	02/14/2024	H.E.B.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.72	2108 North Frazier	
		Conroe, TX 77301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			roses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	02/20/2024	H.E.B.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.48	2108 North Frazier	
		Conroe, TX 77301	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense roses
			10000
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/21/2024	H.E.B.	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.81	2108 North Frazier	
		Conroe, TX 77301	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			roses
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice Held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Dis OTHER (enter a	trict category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 8/12	Gilbert, Tracy A. (The Honorable)	(00062860	
4	Date	5 Payee name			
	03/13/2024	H.E.B.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$53.48	2108 North Frazier			
		Conroe, TX 77301			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	outside	e of Texas. Com	plete Schedule T.
	EXPENDITORE		, TX, c	officeholder living	expense
		roses			
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	01/30/2024	Lake Conroe Area Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	P.O. Box 737			
		Montgomery, TX 77356			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 663		e of Texas. Comp officeholder living	olete Schedule T.
		membership o			ехрепое
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	02/15/2024	Lake Conroe Area Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	P.O. Box 737			
		Montgomery, TX 77356			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austin,		officeholder living	expense
		luncheon fee((s)		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit 6/01	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 9/12	Gilbert, Tracy A. (The Honorable) 00062860
4	Date	5 Payee name
	01/30/2024	Liberty Belles Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	P.O. Box 1081
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		membership dues
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/30/2024	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 1766
		Conroe, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/15/2024	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	P.O. Box 1766
	400.00	1 16. Bax 11 00
		Conroe, TX 77305
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		luncheon fee(s)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this 1	,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 10/12	Gilbert, Tracy A. (The Honorable)	00062860
4	Date	5 Payee name	•
	01/30/2024	North Shore Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	P.O. Box 524	
		Willis, TX 77378	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	1000	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		I — — — — — — — — — — — — — — — — — — —	Dership dues
			on the same same same same same same same sam
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O	H	Sinde Held
H	Date	Davida nama	
	02/15/2024	Payee name The Woodlands Republican Women	
		'	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.88	P.O. Box 7294	
		The Woodlands, TX 77387	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Event Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		I	eon fee(s)
		id.16.18	3011.100(0)
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Sinde Held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ges Schedule K:		
	Scr					: 1/2 Rpt: 11/12		
2	FILER NAME			Filer		,	ilers)	
	Gilbert, Trac	/ A. (The Honorable)			628			
4	Date	5 Name of person from whom amount is received			ŀ	8 Amount (\$)		
	01/31/2024	Smart Financial Credit Union				\$0.13		
		6 Address of person from whom amount is received; City; State; Zip Code						
		Houston, TX 77292-0719						
		7 Purpose for which amount is received	oliti	cal co	ntril	bution returned to filer		
		interest						
	Date	Name of person from whom amount is received				Amount (\$)		
	02/29/2024	Smart Financial Credit Union					\$0.11	
		Address of person from whom amount is received; City; State; Zip Code						
		Houston, TX 77292-0719						
		Purpose for which amount is received Check if p	oliti	cal co	ntril	bution returned to filer		
		interest						
	Date Name of person from whom amount is received				Amount (\$)			
	03/31/2024 Smart Financial Credit Union				(1)	\$0.07		
	Address of person from whom amount is received; City; State; Zip Code							
		Address of person from whom amount is received, Oily, State, 219 Gode						
		Houston, TX 77292-0719						
		Purpose for which amount is received Check if p	oliti	cal co	ntril	bution returned to filer		
		interest						
	Date	Name of person from whom amount is received				Amount (\$)		
	04/30/2024	Smart Financial Credit Union					\$0.07	
		Address of person from whom amount is received; City; State; Zip Code						
		Houston, TX 77292-0719						
		Purpose for which amount is received Check if p	oliti	cal co	ntril	bution returned to filer		
		interest						
	Date	Name of person from whom amount is received				Amount (\$)		
	05/31/2024	Smart Financial Credit Union				(+)	\$0.07	
		Address of person from whom amount is received; City; State; Zip Code						
		Address of person from whom amount is received, Oily, State, 21p Gode						
		Houston, TX 77292-0719						
		Purpose for which amount is received Check if p	oliti	cal co	ntril	bution returned to filer		
	interest					- -		

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gilbert, Tracy A. (The Honorable) 00062860 5 Name of person from whom amount is received 8 Amount (\$) Date 06/29/2024 \$0.20 **Smart Financial Credit Union** 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719 Purpose for which amount is received Check if political contribution returned to filer interest