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) 00085976 65 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Tracie M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Shelby CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 192172 MAILING Receipt # Amount **ADDRESS** Dallas, TX 75219 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Robin T. NAME NICKNAME LAST **SUFFIX** Stevens STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1577 Fiji St. **ADDRESS** (Residence or Business) Dallas, TX 75203 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (870) 413-1307 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer 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** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 162

GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 65

| 13 C / OH NAME | Shelby, Tracie M. (N | 1s.) | 14 Filer ID (00085976 | (Ethics Commission Filers) |
|--|----------------------------------|--|------------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder | political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information | he candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| | 1. TOTAL UNITEN | IZED POLITICAL CONTRIBUTIONS(OTHER THAN | I PLEDGES LOANS | |
| TOTALS | OR GUARANTE | ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 |
| | | TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 10,925.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEN | IIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 177,464.21 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PI | AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD | AST DAY OF THE | \$ 1,762.14 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCI OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD | OF THE LAST DAY | \$ 108,045.88 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | |
| | | Ms. 7 | Гracie М. Shelby | |
| | | Signature of | Candidate or Officehol | der |
| AFFIX NOT | TARY STAMP / SEAL AE | OVE | | |
| Sworn to and subsc | cribed before me, by the | aid | , this the | day |
| of | , 20, to 0 | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of officer | r administering oath |

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

| | | | | | 3 of 65 |
|---------|---|---|-----------------------------|--------|----------------------|
| 18 FILE | | ME racie M. (Ms.) | 19 Filer ID 00085976 | (Ethic | s Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | 5 | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 10,925.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | _ |
| 4. | Х | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | 34,655.86 |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 36,687.96 |
| 6. | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 17,474.00 |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 98,646.39 |
| 9. | Х | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 24,655.86 |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | _ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|----------------------------|---|------------------------|---------------------------------|------|---|
| | The Instru | ction Guide explains ho | w to complete this t | form. | 1 | Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/65 |
| 2 | FILER NAME Shelby, Trac | cie M. (Ms.) | | | 3 | Filer ID (Ethics Commission Filers) 00085976 |
| 4 | Date 03/12/2024 | Full name of contributor Bell Nunnally Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$2,500.00 |
| | | Dallas, TX 75201 | | | | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | oous | e (if any) |
| 12 | ! If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) |
| | 03/12/2024 | Dr Paula Lewis, LLC Contributor address; City; | <u> </u> | | | \$500.00 |
| | | Cedar Hill, TX 76104 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | ee (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 02/27/2024 | Girley, Percy | _ | | | \$100.00 |
| | | Contributor address; City; Wallace, NC 28466 | State; Zip Code | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | Retired | , , | | Retired | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Retired | | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|-------------------------------|---|------------------------|---------------------------------|----------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/65 |
| 2 | FILER NAME Shelby, Trac | sie M. (Ms.) | | | 3 | Filer ID (Ethics Commission Filers) 00085976 |
| 4 | Date 02/28/2024 | 5 Full name of contributor Gordon, Rozlynn6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$25.00 |
| | | Atlanta, GA 30339 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's (The Gordan | employer/law firm Law Firm | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | | s a child, law firm of parent(s) (i | f anv) | | | |
| | | 4-7/ | , , | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) |
| | 02/28/2024 | Kackson, Perlitia Contributor address; City; | <u> </u> | | | \$25.00 |
| | | Kennesaw, GA 30152 | | T | | |
| | Retired | Principal Occupation | | Contributor's Job Title Retired | | |
| L | | employer/law firm | | Law firm of contributor's sp | חחופ | se (if any) |
| | Retired | simple yelline willing | | Law mm or contributor 5 of | Jour | oo (ii diiy) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | 1 | | |
| | | T | | | _ | |
| | Date 03/05/2024 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) \$100.00 |
| | 03/03/2024 | Lewia, Peter Contributor address; City; Dallas, TX 75244 | State; Zip Code | | <u>.</u> | \$100.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Attorney | | | Attorney | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Scheef & Sto | one | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | • | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | ONS | | SCHEDULE # | \(J)1 |
|----|----------------------------|--|---|-------------------------------------|-------------------|------------------------------------|-----------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | ges Schedule A(J)1: 3 Rpt: 6/65 | |
| 2 | FILER NAME Shelby, Trac | | | | 3 Filer ID 000859 | (Ethics Commissio 76 | n Filers) |
| 4 | Date 02/26/2024 | 5 Full name of contributor Long, Heather6 Contributor address; City; Statement Honolulu, HI 96825 | out-of-state PAC (ID#:_ te; Zip Code | | 7 Amount o | of Contribution (\$) | \$100.00 |
| 8 | Contributor's I | I Principal Occupation | | 9 Contributor's Job Title | <u> </u> | | |
| | Attorney | | | Attorney | | | |
| 10 | Contributor's e | employer/law firm g Law PC | | 11 Law firm of contributor's sp | oouse (if any) | | |
| 12 | If contributor i | s a child, law firm of parent(s) (if ar | у) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount o | of Contribution (\$) | |
| | 02/27/2024 | McCaffity, Sean Contributor address; City; Sta | | | | | \$500.00 |
| | Caratuilar staula I | Allen, TX 75002 | | Combile storie Joh Title | | | |
| | Attorney | Principal Occupation | | Contributor's Job Title Attorney | | | |
| | | employer/law firm | | Law firm of contributor's sp | nouse (if any) | | |
| | | n, McCaffity & Quesada, LLP | | Law lilli of contributor 3 3p | ouse (ii arry) | | |
| | | s a child, law firm of parent(s) (if ar | у) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | | Amount o | of Contribution (\$) | |
| | 03/23/2024 | McCord, Charles (Mr.) Contributor address; City; Sta Sandy Springs, GA 30350 | te; Zip Code | | | | \$50.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Retired | | | Retired | | | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | oouse (if any) | | |
| | If contributor i | s a child, law firm of parent(s) (if ar | y) | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|----------------------------|--|------------------------|--------------------------------------|----------|---|
| | The Instru | ction Guide explains hov | v to complete this f | form. | 1 | Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/65 |
| 2 | FILER NAME Shelby, Trac | sie M. (Ms.) | | | 3 | Filer ID (Ethics Commission Filers) 00085976 |
| 4 | Date 02/27/2024 | 5 Full name of contributor McGregor, Lawrence (Mr6 Contributor address; City; S | | | 7 | Amount of Contribution (\$) \$50.00 |
| | | Powder Springs, GA 3012 | 27 | | | |
| 8 | Contributor's Retired | Principal Occupation | | 9 Contributor's Job Title Retired | | |
| 10 | | employer/law firm | | 11 Law firm of contributor's sp | าดนะ | se (if any) |
| | Retired | sinpleyerian iiiii | | 22 Zaw iiiii oi oonaisutoi o o | 300 | oc (ii dily) |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if a | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 03/01/2024 | McGregor, Maurice (Mr.) Contributor address; City; S | tate; Zip Code | | | \$500.00 |
| | | Sanford, NC 27330 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Sales | | | Sales Executive | | |
| | | employer/law firm | | Law firm of contributor's sp | oou | se (if any) |
| | Lenovo, Inc. | | | | | |
| | If contributor is | s a child, law firm of parent(s) (if a | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 03/06/2024 | North Texas Democrats | | | | \$2,000.00 |
| | | Contributor address; City; S Dallas, TX 75219 | tate; Zip Code | | | |
| Г | Contributor's I | I Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | | | | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oou | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if a | any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A | (J)1 |
|----|----------------------------|---|------------------------|----------------------------------|-------------------|------------------------------------|------------|
| | The Instru | ction Guide explains ho | ow to complete this | form. | 1 | ges Schedule A(J)1: 8 Rpt: 8/65 | |
| 2 | FILER NAME Shelby, Trac | | | | 3 Filer ID 000859 | (Ethics Commission | Filers) |
| 4 | Date 03/08/2024 | Full name of contributor North Texas Democrats Contributor address; City; | |) | 7 Amount | of Contribution (\$) | \$2,500.00 |
| | | Dallas, TX 75219 | | | | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | | | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) | | |
| 12 | ! If contributor i | s a child, law firm of parent(s) (| if any) | | | | |
| | Date 02/28/2024 | Full name of contributor Parsons, Ben Contributor address; City; | out-of-state PAC (ID#: | | Amount | of Contribution (\$) | \$50.00 |
| | | Grapevine, TX 76051 | | | | | |
| | Contributor's Attorney | Principal Occupation | | Contributor's Job Title Attorney | | | |
| | Contributor's | employer/law firm s Law Firm, PLLC s a child, law firm of parent(s) (| if anyl | Law firm of contributor's s | pouse (if any) | | |
| | ii continuatori | s a criliu, law littii or paretii(s) (| ii ariy) | | | | |
| | Date 02/28/2024 | Full name of contributor Sills, John Contributor address; City; | out-of-state PAC (ID#: | | Amount | of Contribution (\$) | \$25.00 |
| | | Kennesaw, GA 30152 | | | | | |
| | Contributor's Retired | Principal Occupation | | Contributor's Job Title Retired | • | | |
| | Contributor's Retired | employer/law firm | | Law firm of contributor's s | pouse (if any) | | |
| | If contributor i | s a child, law firm of parent(s) (| if any) | 1 | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTIC | ONS | | SCHEDULE A | A(J)1 |
|----|-----------------------------|--|------------------|---------------------------------|------------------|-------------------------------------|------------|
| | The Instru | ction Guide explains how to com | plete this f | orm. | 1 | ages Schedule A(J)1 /8 Rpt: 9/65 | : |
| 2 | FILER NAME Shelby, Trac | | | | 3 Filer ID 00085 | (Ethics Commission 976 | on Filers) |
| 4 | Date 02/26/2024 | 5 Full name of contributor out-of-Stribling, Xavier 6 Contributor address; City; State; Zip C Boerne, TX 78015 | state PAC (ID#:_ |) | 7 Amoun | t of Contribution (\$) | \$100.00 |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | 1 | | |
| | Engineer | | | Engineer | | | |
| 10 | Contributor's of Department | employer/law firm of Defense | | 11 Law firm of contributor's sp | oouse (if any | r) | |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor out-of- | state PAC (ID#:_ |) | Amoun | t of Contribution (\$) | |
| | 03/12/2024 | The CSI Group, LLC Contributor address; City; State; Zip C Canton, GA 30114 | ode | | | | \$300.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Continuator 3 i | - Tincipal Occupation | | Contributor 3 30b Title | | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ouse (if any |) | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor out-of- | state PAC (ID#:_ |) | Amoun | t of Contribution (\$) | |
| | 03/12/2024 | The Farmer Law Group, PLLC Contributor address; City; State; Zip C Dallas, TX 75208 | ode | | | | \$1,000.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | ouse (if any | r) | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTIC | ONS | | SCHEDULE A | A(J)1 |
|----|----------------------------|--|-------------------------|---------------------------------|------------------|---------------------------------------|-----------|
| | The Instru | ction Guide explains how to | complete this f | orm. | | ages Schedule A(J)1: /8 Rpt: 10/65 | |
| 2 | FILER NAME Shelby, Trac | | | | 3 Filer ID 00085 | (Ethics Commissio | n Filers) |
| 4 | Date 02/28/2024 | 5 Full name of contributor | out-of-state PAC (ID#:_ | | 7 Amoun | t of Contribution (\$) | \$100.00 |
| 8 | Contributor's I | I Principal Occupation | | 9 Contributor's Job Title | <u> </u> | | |
| | Consultant | | | President | | | |
| 10 | | employer/law firm solutions Consulting Company | | 11 Law firm of contributor's sp | ouse (if any | ') | |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amoun | t of Contribution (\$) | |
| | 03/12/2024 | Vargas, Lyndel Contributor address; City; State; 2 | | | | (4) | \$100.00 |
| | 0 | Irving, TX 75061 | | O and the standard Lab Title | | | |
| | | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney | employer/law firm | | Attorney | ougo (if on | Δ | |
| | | ndricks Poirot PC | | Law firm of contributor's sp | iouse (ii ariy | ') | |
| | | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | | Amoun | t of Contribution (\$) | |
| | 02/26/2024 | Williams, Lula Contributor address; City; State; 2 Monroe , LA 71212 | Zip Code | | | | \$50.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| | Retired | | | Retired | | | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | ouse (if any | () | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHI | EDULE A | (J)1 |
|----|-----------------|---|---------------------------------|----------|-------------------------------------|----------------|----------|
| | The Instru | ction Guide explains how to complete this f | form. | 1 | Total pages Sche Sch: 8/8 Rpt: 1 | | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics 00085976 | Commission | Filers) |
| 4 | Date 03/12/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Wimbish, Michael 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contri | ibution (\$) | \$250.00 |
| | | Cedar Hill, TX 75106 | | | | | |
| 8 | Contributor's F | Principal Occupation | 9 Contributor's Job Title | <u> </u> | | | |
| | Attorney | | Attorney | | | | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | pous | e (if any) | | |
| | | of Michael Wimbish s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS (J | UDICIAL) | | | SCHEDULE E(J) | |
|----|------------------------------------|---|--|---|--|--|
| | The Instruction | n Guide explains how to complete this f | orm. | 1 Total pages Schedule E(J): Sch: 1/2 Rpt: 12/65 | | |
| 2 | FILER NAME Shelby, Tracie M | 1. (Ms.) | | 3 Filer ID 000859 | (Ethics Commission Filers) | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | \$ | |
| 5 | Date of loan 02/26/2024 | 7 Name of lender out-of-state PA Shelby, Roderick | C (ID#: |) | 9 Loan Amount (\$) \$10,000.00 | |
| 6 | Is lender a financial institution? | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate | |
| | No | Maumelle, AR 75219 | | | 11 Maturity Date | |
| 12 | Lender's Principal Retired | Occupation | 13 Lender's Job Title Retired | | | |
| 14 | Lender's Employer | r/Law Firm | 15 Law Firm of lender's spous | e (if any) | | |
| | Retired | | | | | |
| 16 | If lender is child, la | w firm of parent(s) (if any) | | | | |
| 17 | Description of Coll X None | ateral | 18 Check if personal funds we | ere deposited | d into political account (See Instructions) | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | | | 22 Amount Guaranteed (\$) | |
| | X not applicable | 21 Guarantor address; City; State; | Zip Code | | | |
| 23 | Guarantor's Princi | pal Occupation | 24 Guarantor's Job Title | | | |
| 25 | Guarantor's Emplo | yer/Law Firm | 26 Law Firm of guarantor's spouse (if any) | | | |
| 27 | If guarantor is child | d, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | LOANS (J | UDICIAL) | | | SCHEDULE E(J) | |
|------|--|--|--|---|--|--|
| | The Instructio | n Guide explains how to complete this f | orm. | 1 Total pages Schedule E(J): Sch: 2/2 Rpt: 13/65 | | |
| | FILER NAME Shelby, Tracie M | 1. (Ms.) | | 3 Filer ID 000859 | (Ethics Commission Filers) | |
| 4 . | TOTAL OF UN | IITEMIZED LOANS | | | \$ | |
| | Date of loan 03/07/2024 | 7 Name of lender out-of-state PA Shelby, Tracie | .C (ID#: |) | 9 Loan Amount (\$) \$24,655.86 | |
| 1 | ls lender a financial institution? | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate | |
| ı | No | Dallas, TX 75219 | | | 11 Maturity Date | |
| 12 | Lender's Principal | Occupation | 13 Lender's Job Title | | | |
| 14 | Lender's Employe | r/Law Firm | 15 Law Firm of lender's spous | se (if any) | | |
| 16 | If lender is child, la | w firm of parent(s) (if any) | L | | | |
| | Description of Coll X None | ateral | 18 Check if personal funds we | ere deposited | d into political account (See Instructions) | |
| | GUARANTOR INFORMATION | 20 Name of guarantor | | | 22 Amount Guaranteed (\$) | |
| 23 (| X not applicable Guarantor's Princi | 21 Guarantor address; City; State; pal Occupation | Zip Code Zip Code | | | |
| 25 (| Guarantor's Emplo | overll aw Eirm | 26 Law Firm of guarantor's spouse (if any) | | | |
| | | | 20 Law 1 mm or guaranter 5 sp | - cust (ii uiiy) | , | |
| 27 | If guarantor is child | d, law firm of parent(s) (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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| Ļ | | <u> </u> |
| 1 | Total pages Schedule F1: Sch: 1/20 Rpt: 14/65 | 2 FILER NAME Shelby, Tracie M. (Ms.) 3 Filer ID (Ethics Commission Filers) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/25/2024 | Antao, Noreen |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$570.00 | 2108 Swansee Dr. |
| | | Dallas, TX 75232 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign Work |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/07/2024 | Antao, Noreen |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | 2108 Swansee Dr. |
| | | |
| | | Dallas, TX 75232 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Work |
| | | Campaign Work |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 04/02/2024 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$352.67 | PO BOX 660441 |
| | | |
| | | Dallas, TX 75266 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Credit Card Payment |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| 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: 2/20 Rpt: 15/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 Date | 5 Payee name |
| 05/03/2024 | Bank of America |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code PO BOX 660441 Dallas, TX 75266 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/13/2024 | Bank of America |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code PO BOX 660441 |
| | Dallas, TX 75266 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date 02/26/2024 | Payee name Bell, Billy |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1930 Gallagher St. |
| | Dallas, TX 75212 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift - Contribution |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

19 Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|---|--|
| | 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: 3/20 Rpt: 16/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 03/03/2024 | Blxck Wallett |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,955.00 | 2800 Cole Ave. |
| | | |
| | | Dallas, TX 75204 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign Consulting |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experientare to benefit Grot | |
| | Date | Payee name |
| | 02/25/2024 | Community Baptist Church |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 115 W. Belt Line Rd |
| | | |
| | | Desoto, TX 75115 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAI LINDITORE | Candidate/Officeholder/Political Committee |
| | | Donation |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | Date | |
| | Date 02/28/2024 | Payee name |
| | | Cornerstone Church |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 5415 Matlock Rd |
| | | |
| | | Arlington, TX 76018 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donations |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/20 Rpt: 17/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 Date | 5 Payee name |
| 04/23/2024 | DFW Custom Imprints |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$250.00 | 3710 Rawlins St. |
| | Suite 1420 |
| | Dallas, TX 75219 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Advertising Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Campaign Material |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/26/2024 | Dallas Alumnae Chapter of Delta Sigma Theta Sorority, Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$45.00 | P.O. Box 222051 |
| | |
| | Dallas, TX 75222 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Donation |
| | 23.1883.1 |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Ol | - · · · · · · · · · · · · · · · · · · · |
| Date | Payee name |
| 04/28/2024 | Dallas Alumnae Chapter of Delta Sigma Theta Sorority, Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$150.00 | P.O. Box 222051 |
| · | |
| | Dallas, TX 75222 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| - | Candidate/Officeholder/Political Committee |
| | Donation - Scholarship |
| Occupation Children | On didn't 10 ff a balden name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| 2 | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | 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: 5/20 Rpt: 18/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/26/2024 | Dallas NAACP |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 5150 Mark Trail Way |
| | | |
| | | Dallas, TX 75232 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| — | Date | Payee name |
| | 03/06/2024 | Dallas PhotoLab |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,271.27 | 3824 Cedar Springs Rd |
| | | |
| | | Dallas, TX 75219 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Graphic Designer/Web Designer |
| | | Graphic Designer/Web Designer |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | David and the second se |
| | Date 02/29/2024 | Payee name |
| | | Dang, Ryan |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$290.00 | 2214 Forest Hollow Park |
| | | |
| | | Dallas, TX 75228 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Work |
| | | Campaign work |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | 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: 6/20 Rpt: 19/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 03/05/2024 | David, Sydni |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$200.00 | 1615 N. Hampton Rd |
| | | |
| | | Desoto, TX 75115 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign Food |
| | | Campaign 1 ood |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/29/2024 | Davis, Erma |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1216 Lesiure Ln |
| | φοσο.σσ | ILIO LOGIATO LIT |
| | | Desoto, TX 75115 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | - | Campaign Work |
| | | Campaigh Work |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/10/2024 | Disciple Central Community Church |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 901 N. Polk St. |
| | Ψ100.00 | SOLIN. FOR St. |
| | | Desoto, TX 75115 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Donation |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

| | 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: 7/20 Rpt: 20/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 03/12/2024 | Donorbox |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,374.27 | 53rd St. |
| | | Suite 900 |
| | | San Francisco, CA 94103 |
| 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. |
| | | Check if Austin, TX, officeholder living expense Fees |
| | | 1 663 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/06/2024 | Ellis, Rodirick |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,220.00 | 507 Ryan Rd |
| | | |
| | | Dallas, TX 75224 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Work |
| | | Campaigh Work |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/07/2024 | Felder, Kevin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 8404 /Capriola Ln |
| | | |
| | | Dallas, TX 75228 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign Consulting |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee L | egal Services | · | Salaries/ | Wage | s/Contract Labor | | OTHER (enter a | a category not listed above) | |
|-------------|--|-----|---------------------------------------|--------------------|-----------------|------------------|--|------------------|--------|--------------------|------------------------------|---|
| | oroun oura r aymone | | | The Instructio | n Guide ex | plains how to c | ompl | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers |) |
| | Sch: 8/20 Rpt: 21/65 | | Shelby, Trac | ie M. (Ms.) | | | | | | 00085976 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/12/2024 | | Franklin, Tas | shima | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | s; City; | | State; Zip C | ode | | | | | |
| | \$100.00 | | 7624 Anson | Circ | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Dallas, TX 7 | 5235 | | | | | | | | |
| 8 | PURPOSE | (a) | | | -1 -4 41 4 | 6 Abi b dul - \ | (b) | Description | | | | |
| ľ | OF | (۳) | Category (See Consulting E | | a at the top of | rtnis schedule) | (5) | | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | Consulting L | Арспос | | | | Check if Austin | ı, TX, | officeholder livin | g expense | |
| | | | | | | | | Campaign W | ork/ | • | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | eholder nam | е | Office so | ught | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | _ |
| | 03/03/2024 | | Friendship W | est Baptist/ | Church | | | | | | | |
| | Amount (\$) | | Payee address | s; City; | | State; Zip C | ode | | | | | |
| | \$100.00 | | 2020 W Whe | atland Rd | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Dallas, TX 7 | 5232 | | | | | | | | |
| | PURPOSE | (a) | Category (See | | d at the top o | f this sahadula) | (b) | Description | | | | |
| | OF | `` | Contributions | | | | `` | | outsi | de of Texas. Cor | nplete Schedule T. | |
| EXPENDITURE | | | · · · · · · · · · · · · · · · · · · · | | | | Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | Donation | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | eholder nam | е | Office so | ught | | | Office h | eld | |
| | experiulture to beliefft C/Oi | П | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/26/2024 | | Graham, Mo | na | | | | | | | | |
| | Amount (\$) | | Payee address | s; City; | | State; Zip C | ode | | | | | |
| | \$7,988.75 | | 3011 Henry | Rd | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Lancaster, T | X 75134 | | | | | | | | |
| | PURPOSE | (a) | Category (See | e Categories liste | d at the top of | f this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Consulting E | | · | , | | | | | nplete Schedule T. | |
| | LAFENDITORE | | | | | | | | | officeholder livin | g expense | |
| | | | | | | | | Campaign W | ork | ers | | |
| _ | Operation ONE V. C. P. | L | 0 | -1-1-1- | | 0‴ | | | | 6 | -1.4 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | enolder nam | е | Office so | ught | | | Office h | eia | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | | | gal Services | us Expense | Salaries/V | | e /Contract Labor | | OTHER (ente | r a category not list | ed above) |
|---|---|-------------|-----------------------------|---------------------|---------------------|-------------|------|-------------------------------------|-------|-------------------|-----------------------|-----------------|
| | Credit Card Payment | | Т | he Instruction (| Guide explain | s how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FI | ILER NAME | | | | | | 3 | Filer ID | (Ethics Com | mission Filers) |
| | Sch: 9/20 Rpt: 22/65 | S | helby, Traci | e M. (Ms.) | | | | | | 00085976 | 6 | |
| 4 | Date | 5 Pa | ayee name | | | | | | | | | |
| | 03/06/2024 | н | ill, Jeremy | | | | | | | | | |
| 6 | Amount (\$) | 7 Pa | ayee address | ; City; | Stat | te; Zip Co | de | | | | | |
| | \$285.00 | 3, | 419 Country | Club Dr. | | | | | | | | |
| | | | , | | | | | | | | | |
| | | l In | ving, TX 750 | 138 | | | | | | | | |
| _ | DUDDOOF | _ | | | | | (1-) | | | | | |
| 8 | PURPOSE OF | | | Categories listed a | t the top of this s | schedule) | (b) | Description | outoi | do of Toyon Co | omplete Schedule | - |
| | EXPENDITURE | ' | consulting Ex | pense | | | | Check if Austin, | | | | · · |
| | | | | | | | | Campaign W | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | <u> </u> | ndidate/Office | holder name | | Office sou | ght | | | Office | held | |
| | expenditure to benefit C/OI | Н | | | | | • | | | | | |
| _ | Date | D: | ayee name | | | | | | | | | |
| | 02/26/2024 | I | ill, Tartisha | | | | | | | | | |
| | Amount (\$) | | ayee address | ; City; | Stat | te; Zip Co | do | | | | | |
| | \$270.00 | | ayee address 614 Creekvi | • | Siai | ie, zip co | ue | | | | | |
| | φ210.00 | 4 | O14 CIEEKVI | CW LII | | | | | | | | |
| | | l _ | | | | | | | | | | |
| | | В | alch Springs | s, TX 75180 | | | | | | | | |
| | PURPOSE OF | | | Categories listed a | t the top of this s | schedule) | (b) | Description | | | | |
| | EXPENDITURE | S | upples for S | igns | | | | Check if travel of Check if Austin, | | | omplete Schedule | г. |
| | | | | | | | | Supplies for S | | | | |
| | | | | | | | | oupplied for c | J.g. | 10 1 0100 | ioi Gigilo | |
| _ | Complete ONLY if direct | l Cai | ndidate/Office | holder name | | Office sou | aht | | | Office | held | |
| | expenditure to benefit C/OI | | . raidato, o inio | | | J55 554 | 9 | | | 000 | | |
| - | Data | | | | | | | | | | | |
| | Date 03/13/2024 | l | ayee name | _ | | | | | | | | |
| | | _ | lopewell MB | | | | | | | | | |
| | Amount (\$) | | ayee address | | Stat | te; Zip Co | de | | | | | |
| | \$100.00 | 5. | 144 Dolphin | s Ra | | | | | | | | |
| | | | | | | | | | | | | |
| | | D | allas, TX 75 | 223 | | | | | | | | |
| | PURPOSE | (a) C | ategory (See | Categories listed a | t the top of this s | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | Donations M | | : | | | | | omplete Schedule | г. |
| | | ' | andidate/Of | ficeholder/Po | olitical Com | mittee | | Check if Austin, Donations | , IA, | officeriolder liv | ing expense | |
| | | | | | | | | Donadono | | | | |
| - | Complete ONLY if direct | Car | ndidate/Office | holder name | | Office sou | aht | | | Office | held | |
| | expenditure to benefit C/OI | | i ididale/Office | noidel Haille | | Onice Sou | grit | | | Office | nolu | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica | | | gal Services | Expense | Salaries/W | | e /Contract Labor | | OTHER (enter | a category not listed a | above) |
|---|---|-------------|------------------------------|---------------------------------|----------------------|------------|------|--------------------------------|-------|--------------------|-------------------------|---------------|
| | Credit Card Payment | | Т | he Instruction G | uide explains h | ow to cor | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FI | ILER NAME | | | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 10/20 Rpt: 23/65 | S | helby, Traci | e M. (Ms.) | | | | | | 00085976 | | |
| 4 | Date | 5 Pa | ayee name | | | | | • | _ | | | |
| | 03/06/2024 | ı | elson, christ | opher | | | | | | | | |
| 6 | Amount (\$) | 7 Pa | ayee address | ; City; | State; | Zip Co | de | | | | | |
| | \$600.00 | 20 | 080 N Lodbe | ell Blvd | | | | | | | | |
| | | | | | | | | | | | | |
| | | l B | aton Rouge | LA 70806 | | | | | | | | |
| 8 | PURPOSE | _ | | Categories listed at t | | 4.4-1 | (b) | Description | | | | |
| ľ | OF | | onsulting Ex | | ne top of this sche | aule) | (~) | | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | | | | | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | Campaign Co | ons | ulting | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | ndidate/Office | holder name | Of | ffice sou(| ght | | | Office h | eld | |
| | experialiture to beliefit C/OI | | | | | | | | | | | |
| | Date | Pá | ayee name | | | | | | | | | |
| | 05/12/2024 | K | ey, Carol | | | | | | | | | |
| | Amount (\$) | Pá | ayee address | ; City; | State; | Zip Co | de | | | | | |
| | \$100.00 | 76 | 624 Anson C | Cir | | | | | | | | |
| | | | | | | | | | | | | |
| | | D | allas, TX 75 | 234 | | | | | | | | |
| | PURPOSE | (a) C | ategory (See | Categories listed at t | the top of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | I | onsulting Ex | | | | | = | | | nplete Schedule T. | |
| | | | | | | | | Campaign We | | officeholder livin | g expense | |
| | | | | | | | | Campaign | OIK | | | |
| _ | Complete ONLY if direct | l Car | ndidate/Office | holder name | Ot | ffice soug | aht | | | Office h | eld | |
| | expenditure to benefit C/O | | indiadato, O inioc | noidel name | 0. | | 9110 | | | 01110011 | o.u | |
| - | Date | l D | avoo nama | | | | | | | | | |
| | 03/17/2024 | ı | ayee name ingdom Chu | rch | | | | | | | | |
| | | _ | | | Ctata: | 7in Co | do | | | | | |
| | Amount (\$) \$100.00 | | ayee address 202 Elico Ea | ; | | Zip Co | ue | | | | | |
| | φ100.00 | ~ | 202 11136 174 | ye rieggiris S | ι. | | | | | | | |
| | | _ | allas, TX 75 | 215 | | | | | | | | |
| | | | | | | | | | | | | |
| | PURPOSE OF | | | Categories listed at t | | dule) | (b) | Description Check if travel (| nutsi | de of Texas, Cor | nplete Schedule T. | |
| | EXPENDITURE | | | /Donations Ma ficeholder/Pol | | ttee | | <u></u> | | officeholder livin | | |
| | | | | | | | | Donation | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | ndidate/Office | holder name | Ot | ffice sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

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

Fees Office Overhic Food/Beverage Expense Polling Exper Gitt/Awards/Memorials Expense Printing Expe Legal Services Salaries/Waa

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | Il 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: 11/20 Rpt: 24/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/26/2024 | Latino Votes Project |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$200.00 | 2727 LBJ Freeway |
| | | |
| | | Dallas, TX 75234 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | 25 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 03/01/2024 | Midnight Kreations Catering, LLC |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,574.00 | 7918 Dasch St. |
| | | |
| | | Dallas, TX 75217 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Food |
| | | Campaight ood |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 03/01/2024 | NCNW |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$70.00 | 633 Pennsylvania Ave, NW |
| | | |
| | | Washington, DC 20004 |
| Н | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | EXPENDITORE | Candidate/Officeholder/Political Committee |
| | | Donation |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| | | |

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter | District a category not listed above) |
|----------|--|---|--|
| | | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | | (Ethics Commission Filers) |
| | Sch: 12/20 Rpt: 25/65 | | |
| 4 | Date | 5 Payee name | |
| | 04/23/2024 | NCNW | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$500.00 | 633 Pennsylvania Ave, NW | |
| | | | |
| | | Washington, DC 20004 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | |
| | | Candidate/Officeholder/Political Committee | ng expense |
| | | Donations - Scholarship | |
| Ļ | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | held |
| | ponditare to benefit 6/01 | -·· | |
| | Date | Payee name | |
| | 03/03/2024 | New Covenant | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$100.00 | 2025 W Wheatland Rd | |
| | | | |
| | | Dallas, TX 75232 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | |
| | | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder livi | ng expense |
| | | Donation | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office | held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | nciu |
| \vdash | Data | Davisa nama | |
| | Date | Payee name | |
| | 03/03/2024 | New Mount Zion | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$50.00 | 9550 Shepherd Rd | |
| | | | |
| L | | Dallas, TX 75243 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By | |
| | | Candidate/Officeholder/Political Committee | ng expense |
| | | Donation | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office | hold |
| | Complete ONLY if direct expenditure to benefit C/OI | 5 | neiu |
| | | | |
| | | | |
| | | | |
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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 (onter a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 13/20 Rpt: 26/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 03/01/2024 | North Dallas Suburban Alumnae Chapter Delta Sigma Theta Sorority, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$160.00 | P.O. Box 830604 |
| | | |
| | | Richardson, TX 75083 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/01/2024 | North Texas Democrats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 3710 Rawlins St. |
| | | |
| | | Dallas, TX 75219 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donation |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | H |
| | Date | Payee name |
| | 02/26/2024 | Owens Media Production |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 112 Wes Jespersen Way |
| | | |
| | | Duncanville, TX 75116 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense |
| | | Campaign Media - Video |
| | | Campaigh Media - Video |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense

Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Salaries/ | Expens Wages | se s/Contract Labor | | Travel in District Travel Out of Distr OTHER (enter a c | ict ategory not listed above) |
|----------|---|-------------------------|--|------------------|-----------------|------------------------------|--------|---|----------------------------------|
| 1 | Total pages Schedule F1: | | | | | | | | (Ethics Commission Filers) |
| L | Sch: 14/20 Rpt: 27/65 | Shelby, Tra | acie M. (Ms.) | | | | | 00085976 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/26/2024 | Paksins, C | had | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$200.00 | 1615 N. Ha | ımpton Rd | | | | | | |
| | | | | | | | | | |
| | | Desoto, TX | 75115 | | | | | | |
| 8 | PURPOSE | (a) Category (s | iee Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Consulting | | | | | outsio | de of Texas. Compl | ete Schedule T. |
| | EXPENDITORE | | | | | | | officeholder living e | expense |
| | | | | | | Campaign Wo | υľΚ | | |
| _ | Complete ONII V if direct | Condidate /Cf | iochalder na | O#: | | | | Office k-1 | d |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | iceholder name | Office so | ugnt | | | Office hel | u |
| | Date | Payee name | | | | | | | |
| | 06/07/2024 | Payne, Cha | arles | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$1,200.00 | 7628 Anso | n Circle | | | | | | |
| | | | | | | | | | |
| | | Dallas, TX | 75235 | | | | | | |
| | PURPOSE | (a) Category (S | see Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Consulting | | , | | | | de of Texas. Compl | |
| | LA LABITORE | | | | | _ | | officeholder living e | expense |
| | | | | | | Campaign Wo | υιK | | |
| \vdash | Complete ONLY if direct | Candidate/Off | iceholder name | Office so | l labt | | | Office hel | d |
| | expenditure to benefit C/O | | ICCHOIGE HAITIE | Office Su | ugni | | | Office Her | u |
| \vdash | Data | Derro | | | | | | | |
| | Date 02/26/2024 | Payee name Robinson, | | | | | | | |
| | | | | Ctata: 7' 2 | - al - | | | | |
| | Amount (\$) | Payee addre | | State; Zip C | oae | | | | |
| | \$950.00 | 722 Linden | wood Df | | | | | | |
| | | Lancaster, | TX 75134 | | | | | | |
| | PURPOSE | (a) Category (S | see Categories listed at the top o | f this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Consulting | | | | | | de of Texas. Compl | |
| | | | | | | Check if Austin, Campaign Wo | | officeholder living e | expense |
| | | | | | | Campaign W | OI K | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office so | uabt | | | Office hel | d |
| | expenditure to benefit C/Ol | | IOCHOIGE HAITIC | Onice 50 | agrit | | | Office Hel | u |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 15/20 Rpt: 28/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/28/2024 | Shekinah Tabernacle Baptist |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 2109 S Beckley Ave |
| | | |
| | | Dallas, TX 75224 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | ZA ZHOHOKZ | Candidate/Officeholder/Political Committee |
| | | Donations |
| Ļ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/01/2024 | Silverio, Rosanna |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 5220 Spring Valley |
| | | |
| | | Dallas, TX 75264 |
| | DUDD005 | 1 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Graphic Design |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 |
| - | Date | Payee name |
| | 03/01/2024 | South Dallas Business and Professional Women's Club |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$297.00 | P.O. Box 764587 |
| | | |
| | | Dallas, TX 75376 |
| | 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 Fees |
| | 0 1. 5 | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Oriana.o to borioni O/OI | |
| | | |
| | | |

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

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 (onter a category pet 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: 16/20 Rpt: 29/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/26/2024 | South Dallas Business and Professional Women's Club |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | P.O. Box 764587 |
| | | |
| | | Dallas, TX 75376 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C |
| | | Candidate/Officeholder/Political Committee |
| | | Donations Scholarship |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| , | expenditure to benefit C/O | |
| _ | Date | Douge name |
| | 02/26/2024 | Payee name St. Luke Community UMC - Good News Sunday School |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 5710 E R L Thornton Fwy |
| | | |
| | | Dallas, TX 75223 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donation - Scholarship |
| | | 23 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 03/06/2024 | St. Phillips MBC |
| | | · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 6000 Singing HIlls Dr |
| | | |
| | | Dallas, TX 75241 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Donations |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | 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: 17/20 Rpt: 30/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 05/03/2024 | St. Phillips MBC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 6000 Singing HIlls Dr |
| | | |
| | | Dallas, TX 75241 |
| 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 Donation - Gift |
| | | Donation - Ont |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | |
| _ | | |
| | Date | Payee name |
| | 03/02/2024 | Taylor, Elonia |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$55.00 | 4115 Bowser Ave |
| | | Apt. 4 |
| | | Dallas, TX 75219 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | ZA ZHOHOKZ | Check if Austin, TX, officeholder living expense |
| | | Campaign Work |
| | Compulate ONLY if direct | Condidate/Office helds name Office accepts |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/26/2024 | Text for Less |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,650.00 | 354 State St. |
| | | |
| | | Hackensack, NJ 07601 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Text Messaging |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitl/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

| | 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: 18/20 Rpt: 31/65 | Shelby, Tracie M. (Ms.) 00085976 |
| 4 | Date | 5 Payee name |
| | 02/26/2024 | The 23rd Senatorial District Tejano Democrats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$215.00 | P.O. Box 226534 |
| | | |
| | | Dallas, TX 75222 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | - | Candidate/Officeholder/Political Committee |
| | | Donation |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/01/2024 | The People's Servant Ministry |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$275.00 | 901 Mockingbird Ln |
| | | |
| | | Desoto, TX 75115 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | Donations |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| | 02/25/2024 | The Rock Mt. Pisgah |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 1010 S. Sherman St. |
| | | |
| | | Richardson , TX 75081 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | Donation |
| _ | Complete ONU V if allow | Condidate/Officeholder name Office south |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment | | I Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | | | 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: | 2 FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 19/20 Rpt: 32/65 | Shelby, Tra | acie M. (Ms.) | | | | | 00085976 | |
| 4 | Date | 5 Payee name | <u>,</u> | | | | | | |
| | 02/26/2024 | Treats by 0 | | | | | | | |
| _ | | | | State: Zin | - Codo | | | | |
| 6 | Amount (\$) | 7 Payee addre | • | State; Zip | Joue | | | | |
| | \$90.00 | 1821 W M | ockingbird LN | | | | | | |
| | | | | | | | | | |
| | | Dallas, TX | 75235 | | | | | | |
| 8 | PURPOSE | (a) Category (S | See Categories listed at the to | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | rage Expense | | | | | | plete Schedule T. |
| | ZA ZADITORZ | | | | | \Box | | , officeholder livin | g expense |
| | | | | | | Campaign Fo | Jou | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | ficeholder name | Office s | ought | | | Office h | eld |
| | experientare to benefit of or | | | | | | | | |
| | Date | Payee name | 9 | | | | | | |
| | 03/06/2024 | Vaughn, A | ngela | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip | Code | | | | |
| | \$100.00 | 4473 Harp | ers Ferry Dr. | | | | | | |
| | | · | , | | | | | | |
| | | Grand Prai | rie, TX 75052 | | | | | | |
| | | | | | 1 | | | | |
| | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Consulting | Expense | | | | | de of Texas. Con , officeholder livin | nplete Schedule T. |
| | | | | | | Campaign W | | | genpense |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Of | ficeholder name | Office s | | | | Office h | old. |
| | expenditure to benefit C/O | | ncenolael name | Office 3 | Jugiit | | | Office fi | Ciu |
| | | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/29/2024 | iMessenge | r Media | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip | Code | | | | |
| | \$100.00 | 320 SRL T | hornton Freeway | | | | | | |
| | | Suite 100 | | | | | | | |
| | | Dallas, TX | 75203 | | | | | | |
| | PURPOSE | (a) Category " | See Categories listed at the to | | (b) | Description | | | |
| | OF | Advertising | | op of this schedule) | (5) | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | , averasing | LAPONOC | | | Check if Austin | , TX | , officeholder livin | g expense |
| | | | | | | Campaign Ad | d | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | ficeholder name | Office s | ought | | | Office h | eld |
| | expenditure to benefit C/OF | 4 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | me provided by Texas F | thice Commiss | ion | v othics state to | | | | | Version V// 1 0 d378aha(|

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expens Printing Exper Salaries/Wage | nse es/Contract Labor | Travel in Dist Travel Out of | |
|----------|--|---------------|--|---|--------------------------|--|----------------------------|
| | | | The Instruction Guide exp | lains how to comp | lete this form. | | |
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 20/20 Rpt: 33/65 | Shelby, Tra | acie M. (Ms.) | | | 00085976 | 6 |
| 4 | Date | 5 Payee name |) | | | | |
| | 02/26/2024 | iMessenge | r Media | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Code | | | |
| | \$1,000.00 | 320 SRL T | hornton Freeway | | | | |
| | | Suite 100 | - | | | | |
| | | Dallas, TX | 75202 | | | | |
| Ļ | | | | la. | | | |
| 8 | PURPOSE OF | | See Categories listed at the top of t | his schedule) (b) | Description | | |
| | EXPENDITURE | Advertising | Expense | | | outside of Texas. C ı, TX, officeholder liv | omplete Schedule T. |
| | | | | | Ads | i, 174, omeendider in | ing expense |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Off | ficeholder name | Office sought | | Office | hold |
| | expenditure to benefit C/O | | necholaci hame | Office Sought | | Office | nciu |
| \vdash | | | | | | | |
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 34/65 Shelby, Tracie M. (Ms.) 00085976 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/07/2024 Dallas PhotoLab Amount (\$) Payee address; City; State; Zip Code \$6,474.00 3824 Cedar Springs Rd Dallas, TX 75219 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphic Design/Website Design 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2024 **KB** Consulting Payee address: Amount (\$) City; State; Zip Code \$10,000.00 6056 Great Falls Ave. Las Vegas, NV 89110 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00085976 Sch: 2/2 Rpt: 35/65 Shelby, Tracie M. (Ms.) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/05/2024 iMessenger Media Amount (\$) Payee address; State; Zip Code \$1,000.00 320 SRL Thornton Freeway Suite 100 Dallas, TX 75203 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

| Candidate/Officenoider/Politica | • | ruction Guide explains how | | THER (enter a category not listed above) | | | |
|--|---|---------------------------------------|---|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 1/24 Rpt: 36/65 | Shelby, Tracie M. (| (Ms.) | 00085976 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution n Express | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | |
| | \$111.20 | 02/25/2024 | | | | | |
| 7 PAYEE | (a) Payee name Kitchen Kocktail | | (b) Payee address; 1933 Elm St. | City, State, Zip Code | | | |
| | | | Dallas, TX 75201 | | | | |
| 8 PURPOSE OF | (a) Category | -f.4b-illl) | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | · · · · · · · · · · · · · · · · · · · | Food for Campaign | | | | |
| X Political | | | <u>_</u> | | | | |
| Non-Political | (⁹ | of Texas. Complete Schedule T. | _ | , officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Οπις | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | |
| .,,,,,, | \$54.00 | 02/29/2024 | (0) 2 4.0 (0) 0.04.1 0.4.4 100.00 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | Shell Service Static | on | 424 S R L Thornton Free | way Service Rd | | | |
| | | | Dallas, TX 75203 | | | | |
| PURPOSE OF | (a) Category | -f.Ab.; | (b) Description | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Transportation Equipr Expense | , , , , , , , , , , , , , , , , , , , | Transportation Expense for Campaign - Gas | | | | |
| Non-Political | - | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | |
| | \$12,555.02 | 02/27/2024 | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee address; | City, State, Zip Code | | | |
| | Clear Channel Outo | door | 3700 E Randon Mill Rd | | | | |
| | | | Arlington, TX 76011 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Billboards | | | | |
| X Political | Advertising Expense | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Inst | ruction Guide explains how | to complete th | is form. | | | | | |
|---|---|--|--------------------------------|-------------------------|---|-------------------------|------------|--------------|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) | | |
| | Sch: 2/24 Rpt: 37/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED VITURES ED TO A CREDIT | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | | | |
| | | \$59.27 | 02/26/2024 | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | Press Box Grill | | 1623 Main | St. | | | | | |
| | | | | Dallas, TX | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top | of this cobodule) | (b) Descripti | | | | | | |
| | EXPENDITURE | Food/Beverage Expe | | Food for C | ampaign | | | | | |
| | X Political | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| 9 | | | | e sought | | Office held | | | | |
| е | xpenditure to benefit C/OH | | | _ | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | | | |
| | | \$1,558.36 | 58.36 02/26/2024 | | | | | | | |
| | PAYEE (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | | |
| | | The Network Bar | | 331 Single | eton Blvd | | | | | |
| | | | | Dallas, TX | 75212 | | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | Political Event Expense | | | | | | |
| | X Political | Event Expense | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | | | |
| | | \$46.08 | 03/01/2024 | | | | | | | |
| Г | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| l | | | | 15196 Mai | rsh Ln | | | | | |
| | | RaceTrac | | | | | | | | |
| l | | | | Addison, T | X 75001 | | | | | |
| | PURPOSE OF | (a) Category | | (b) Descripti | | | | | | |
| | EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related | | • | Transporta | ation Expense - | Gas - GOTV | | | | |
| | X Political | X Political Expense Expense X Political Expense Expense X Political Expense Political Expense X Political Expense X Political Expense X Political Expense Political Political Expense Political Po | | | | | | | | |
| | Non-Political | (C) Check if travel outside of Texas. Complete Schedule T. | | | T. Check if Austin, TX, officeholder living expense | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | | The Inst | ruction Guide explains how | to complete th | is form. | | | | |
|-----------------------------|--|--|--------------------------------|---|--|-------------------------|-----------|--------------|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | |
| | Sch: 3/24 Rpt: 38/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | DF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 0 | Credit Card Issuer | Paid | | | |
| | | \$50.00 | 02/25/2024 | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | | Exxon Mobil | | 1005 S. Ri | iverfront Blvd | | | | |
| | | | | Dallas, TX | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top | of this cobodule) | (b) Descripti | | | | | |
| l | EXPENDITURE | Transportation Equipr | | Transporta | ation Expense fo | or Blockwalking | J | | |
| | X Political | Expense | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 | | | | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | _ | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | | |
| | | \$5,600.00 | 02/27/2024 | | | | | | |
| | PAYEE (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | Outfront Media | | 1201 Main | St. | | | | |
| | | | | Dallas, TX | 75202 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Billboard Advertising | | | | | |
| | X Political | Advertising Expense | | | | | | | |
| L | Non-Political | · · · — | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | |
| е | xpenditure to benefit C/OH | | T | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | | |
| | | \$210.13 | 02/26/2024 | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | | A | | 410 Terry | Ave. N | | | | |
| | | Amazon | | | | | | | |
| L | | | | Seattle, W | | | | | |
| | PURPOSE OF | (a) Category | of this cohodulo) | (b) Descripti | | | | | |
| | EXPENDITURE (See Categories listed at the top of this schedule) Supplies | | of this scriedule) | Campaign | Supplies | | | | |
| | X Political | | | | | | | | |
| L | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | ule T. Check if Austin, TX, officeholder living expense | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | · · · · · | | |
| е | xpenditure to benefit C/OH | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete thi | is form. | | , | , |
|---|--|--------------------------------|-----------------|---|--------------------------|----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commis | sion Filers) |
| Sch: 4/24 Rpt: 39/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES D TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | Paid | | |
| | \$55.31 | 02/29/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ac | • | City, | State, | Zip Code |
| | Quiktrip | | 1610 W. S | cyene Rd | | | |
| | | | Mesquite, | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| X Political | Transportation Equipr Expense | | Transporta | tion expenses t | for GOTV - Gas | 5 | |
| Non-Political | | of Texas. Complete Schedule T. | <u>'</u> | Check if Austin, TX, | officeholder living expe | ense | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office so | | | | _ | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | r Paid | | |
| | \$59.53 | 02/25/2024 | | | | | |
| PAYEE (a) Payee name | | | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | Wok Star Chinese | | 8041 Waln | ut Hill Ln | | | |
| | | | Dallas, TX | 75231 | | | |
| PURPOSE OF | (a) Category | -6.4bib | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | Campaign | Food | | | |
| X Political | | | _ | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issuer | r Paid | | |
| | \$26.01 | 02/25/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ddress; | City, | State, | Zip Code |
| | DogoTroo | | 3401 S. Ga | arland Ave | | | |
| | RaceTrac | | | | | | |
| | () 0 : | | Garland, T | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | on Ition Expense - | Cas COTV | | |
| X Political | Transportation Equipr Expense | ment And Related | Папърона | mon Expense - | Gas - GOTV | | |
| Non-Political | | | | | officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | · | e sought | <u> </u> | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| | • | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

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

| Candidate/Officeholder/Politica | | | laries/Wages/Co | | THER (enter a categ | ory not listed at | bove) |
|--|--|--------------------------------|-----------------|-----------------------------|-----------------------|-------------------|--------------|
| | The Inst | ruction Guide explains hov | to complete | this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Etl | nics Commiss | sion Filers) |
| Sch: 5/24 Rpt: 40/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED | 1. | | |
| ISSUER | see pi | revious | | IDITURES SED TO A CREDIT | . \$ | | |
| | · | | CARD | BED TO A CINEDIT | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$34.09 | 02/29/2024 | | | | | |
| | 4555 | 02/20/202 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | 1734 Bot | ham Jean Blvd | | | |
| | Off the Bone Barbe | que | | | | | |
| | | | Dallas, T | X 75215 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descri | otion | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | Food for | Campaign | | | |
| X Political | Food/beverage Exper | 1156 | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | Check if Austin, TX, | officeholder living e | xpense | |
| | | | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$1,009.48 | 02/27/2024 | | | | | |
| | | | | | | | |
| PAYEE (a) Payee name | | | (b) Payee | address; | City, | State, | Zip Code |
| | Facebook | | 1 Hacker | Way | | | |
| | Facebook | | | | | | |
| | | | | ark, CA 94025 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| l <u> </u> | Advertising Expense | or tries scriedule) | Faceboo | k Advertising | | | |
| X Political | <u> </u> | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living e | xpense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | 1 | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$1,500.00 | 02/26/2024 | | | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | Text for Less | | 354 State | e St. | | | |
| | TEXT IOI LESS | | l | | | | |
| | (-) O-t | | | ack, NJ 07601 | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) | | (b) Descrip | | | | | |
| Advertising Expense | | I EXLINES | sayiriy | | | | |
| X Political | | | | | | | |
| Non-Political | <u> </u> | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living e | xpense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete this | form. | | ., | , | | | |
|---|---|--------------------------------|---|----------------------|------------------------|-------------|--------------|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | | | |
| Sch: 6/24 Rpt: 41/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution | 5 TOTAL OF EXPENDIT CHARGED CARD | | \$ | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cr | edit Card Issuer | Paid | | | | | |
| | \$613.92 | 03/14/2024 | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee add | ress; | City, | State, | Zip Code | | | |
| | American Express | Credit Card | P.O. Box 98 | 1535 | | | | | | |
| | | | El Paso, TX | 79998 | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Description | | | | | | | |
| EXPENDITURE | Fees | of this scriedule) | Interest Cha | rge | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | | | | |
| 9 Complete ONLY if direct | e sought | | Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cr | edit Card Issuer | Paid | | | | | |
| | \$655.47 | 05/14/2024 | | | | | | | | |
| PAYEE | PAYEE (a) Payee name | | | lress; | City, | State, | Zip Code | | | |
| | American Express | Credit Card | P.O. Box 98 | 1535 | | | | | | |
| | | | El Paso, TX | 79998 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Interest Cha | | | | | | | |
| X Political | Fees | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cr | edit Card Issuer | · Paid | | | | | |
| | \$609.41 | 06/13/2024 | | | | | | | | |
| PAYEE | (a) Payee name | l | (b) Payee add | lress; | City, | State, | Zip Code | | | |
| | | | P.O. Box 98 | 1535 | | | | | | |
| | American Express | Credit Card | | | | | | | | |
| | | | El Paso, TX | 79998 | | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | า | | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Interest Cha | rge | | | | | | |
| X Political | | | | | | | | | | |
| Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule T | | | | officeholder living ex | pense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | |
| | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Politica | | | inting Expense llaries/Wages/Co | | THER (enter a categor | ory not listed at | oove) | |
|---|--|---------------------------------------|--|--------------------------|--------------------------|-------------------|--------------|--|
| | The Instr | ruction Guide explains how | to complete | this form. | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | |
| Sch: 7/24 Rpt: 42/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | |
| 4 CREDIT CARD | Name of finar | ncial institution | 5 TOTAL | OF UNITEMIZED | 1 | | | |
| ISSUER | see pr | revious | | DITURES | . \$ | | | |
| | 1 | | CARD | SED TO A CREDIT | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$18.92 | 03/01/2024 | | | | | | |
| | Ψ10.52 | 00/01/2024 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | |
| | | | 2516 Inw | ood Rd | | | | |
| | Church's Chicken | | | | | | | |
| | | | Dallas, T | X 75235 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | otion | | | | |
| EXPENDITURE | (See Categories listed at the top | · · | Food for | Campaign | | | | |
| X Political | Food/Beverage Exper | nse | | | | | | |
| Non-Political | of Texas. Complete Schedule T. | | Check if Austin, TX. | , officeholder living ex | pense | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name O | | | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$63.00 | 03/02/2024 | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| PAYEE | PAYEE (a) Payee name | | | address; | City, | State, | Zip Code | |
| | _ | | 8008 S. F | Polk St. | | | | |
| | Sunoco | | | | | | | |
| | | | Dallas, T | X 75222 | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top Transportation Equipr | · · · · · · · · · · · · · · · · · · · | Transportation Expense - Gas - Campaign GOTV | | | | | |
| X Political | Expense | nent / tha related | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | , officeholder living ex | pense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$57.37 | 02/25/2024 | | | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | |
| | 11 Finh 0 Ohink | | 3250 W. | Pleasant Run | | | | |
| | JJ Fish & Chicken | | | | | | | |
| | | | Lancaste | r, TX 75146 | | | | |
| PURPOSE OF | (a) Category | -£4b: | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Exper | | Food for | Campaign | | | | |
| X Political | al | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living ex | pense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| Candidate/Officeholder/Politica | | | aries/Wages/Contract Labor | OTHER (enter a catego | ory not listed at | oove) | | |
|--|--|--------------------------------|----------------------------------|---------------------------------|-------------------|--------------|--|--|
| | | ruction Guide explains how | to complete this form. | | | | | |
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | | |
| Sch: 8/24 Rpt: 43/65 | Shelby, Tracie M. (| (Ms.) | | 00085976 | | | | |
| 4 CREDIT CARD | Name of finar | ncial institution | 5 TOTAL OF UNITEMIA | 1. | | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CR | EDIT \$ | | | | |
| | · | | CARD | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | ssuer Paid | | | | |
| | | | | | | | | |
| | \$63.14 | 02/27/2024 | | | | | | |
| 7 PAYEE | (a) Dayes name | | (h) Dayes address: | C:h | Ctata | Zin Codo | | |
| / FAILL | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | |
| | Quiktrip | | 511 S. Zang Blvd | | | | | |
| | Quittip | | | | | | | |
| | | | Dallas, TX 75208 | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Description | | | | | |
| EXPENDITURE | Transportation Equipr | | Transportation Exper | ise - Gas - GOTV | | | | |
| X Political | Expense | none / una reolatoa | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder living ex | pense | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi | | | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | ssuer Paid | | | | |
| | \$15.80 | 02/28/2024 | | | | | | |
| \$13.00 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | |
| | (a) r ayee name | | 2615 S. Beckley Ave | | Otato, | Zip Couc | | |
| | Wingsfields Breakfa | ast & Burger | 2013 3. Deckley Ave | | | | | |
| | | | Dallac TV 75224 | | | | | |
| PURPOSE OF | (a) Category | | Dallas, TX 75224 (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Food for Campaign | | | | | |
| Delitical | Food/Beverage Expe | nse | Tood for Campaign | | | | | |
| X Political | | | | | | | | |
| Non-Political | · · · · · · · · · · · · · · · · · · · | of Texas. Complete Schedule T. | | tin, TX, officeholder living ex | pense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | ssuer Paid | | | | |
| | \$1,028.38 | 02/26/2024 | | | | | | |
| | · | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | |
| | | | 2357 S. Collins St. | | | | | |
| | Bankem Printing | | | | | | | |
| | | | Arlington, TX 76104 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Campaign Material | | | | | |
| X Political | Printing Expense | | 3 | | | | | |
| I = | L | | | | | | | |
| Non-Political | · · · — | of Texas. Complete Schedule T. | | tin, TX, officeholder living ex | pense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|--|--|----------------------------------|---|---------------------------------|--------------|--------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Eth | nics Commiss | sion Filers) | | | | |
| Sch: 9/24 Rpt: 44/65 | Shelby, Tracie M. (| (Ms.) | | 00085976 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZEXPENDITURES CHARGED TO A CR | \$ | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | ssuer Paid | | | | | | |
| | \$53.00 | 02/25/2024 | | | | | | | | |
| 7 PAYEE | (a) Payee name Quiktrip | | (b) Payee address; 925 S. Cockrell Hill R | City, | State, | Zip Code | | | | |
| | | | Duncanville, TX 7513 | 37 | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Transportation Equipr | | (b) Description Transporation Expense - Gas for GOTV | | | | | | | |
| Non-Political | Expense (c) Check if travel outside | of Texas. Complete Schedule T. | Chook if Aust | tin, TX, officeholder living ex | manca | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | • | e sought | Office held | kperise | | | | | |
| expenditure to benefit C/OH | Canadato, Cinocholaci | That To The | o oougiit | Cinico nela | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card I | ssuer Paid | | | | | | |
| \$47.58 02/2 | | 02/25/2024 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | Little Caesars Pizza | a | 900 N. Polk St. | | | | | | | |
| | | | Desoto, TX 75115 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | | (b) Description Food for Campaign | | | | | | | |
| X Political | Food/Beverage Exper | nse | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder living ex | kpense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| PAYMENT | (a) Amount Charged \$43.27 | (b) Date of Charge 02/27/2024 | (c) Date(s) Credit Card I | ssuer Paid | | | | | | |
| PAYEE | (a) Payee name Denny's | | (b) Payee address; 1415 Medical District Dallas, TX 75207 | City, Dr. | State, | Zip Code | | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category | | (b) Description Food for Campaign | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Aust | tin, TX, officeholder living ex | kpense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| The Insti | ruction Guide explains how | to complete this form. | | | | | | |
|-------------------------------|---|---|--|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Com | mission Filers) | | | | |
| Shelby, Tracie M. (| (Ms.) | | 00085976 | | | | | |
| | | EXPENDITURES | \$ | | | | | |
| (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | |
| \$42.21 | 03/03/2024 | | | | | | | |
| (a) Payee name RaceTrac | | (b) Payee address; 5151 Lemmon Ave. | City, Stat | e, Zip Code | | | | |
| | | Dallas, TX 75209 | | | | | | |
| | of this schedule) | , , | | | | | | |
| 1 | | Transportation Expense - Gas | | | | | | |
| (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | X, officeholder living expense | | | | | |
| Candidate/Officeholder | name Offic | e sought | Office held | | | | | |
| | | | | | | | | |
| (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | |
| \$26.01 | 03/05/2024 | | | | | | | |
| PAYEE (a) Payee name | | | City, Stat | e, Zip Code | | | | |
| Shell Service Statio | n | 424 S R L Thornton Free | eway Service Rd | | | | | |
| | | Dallas, TX 75203 | | | | | | |
| (a) Category | | (b) Description | | | | | | |
| Transportation Equipr | | Transportation Expense | - Gas | | | | | |
| | of Texas. Complete Schedule T. | Check if Austin, TX | X, officeholder living expense | | | | | |
| <u> </u> | <u> </u> | | Office held | | | | | |
| | | | | | | | | |
| (a) Amount Charged \$42.20 | (b) Date of Charge 03/01/2024 | (c) Date(s) Credit Card Issu | er Paid | | | | | |
| (a) Payee name | l | (b) Payee address; | City, Stat | e, Zip Code | | | | |
| | | 3125 Al Lipscomb Way | | | | | | |
| Southside Steak | | | | | | | | |
| | | Dallas, TX 75215 | | | | | | |
| (a) Category | | (b) Description | | | | | | |
| 1 ' ' | · · · · · · · · · · · · · · · · · · · | Food for Campaign | | | | | | |
| . Jour Develage Exper | | | | | | | | |
| (c) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | | | |
| Candidate/Officeholder | name Offic | e sought | Office held | | | | | |
| | 2 FILER NAME Shelby, Tracie M. (Name of final see pl (a) Amount Charged \$42.21 (a) Payee name RaceTrac (a) Category (See Categories listed at the top Transportation Equipr Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$26.01 (a) Payee name Shell Service Station (a) Category (See Categories listed at the top Transportation Equipr Expense (c) Check if travel outside Candidate/Officeholder (a) Category (See Categories listed at the top Transportation Equipr Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$42.20 (a) Payee name Southside Steak (a) Category (See Categories listed at the top Food/Beverage Expense) (c) Check if travel outside | Shelby, Tracie M. (Ms.) Name of financial institution see previous (a) Amount Charged \$42.21 (b) Date of Charge \$42.21 (a) Payee name RaceTrac (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic (a) Amount Charged \$26.01 (b) Date of Charge \$26.01 O3/05/2024 (a) Payee name Shell Service Station (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic (a) Amount Charged (b) Date of Charge Office (a) Amount Charged (b) Date of Charge S42.20 O3/01/2024 (a) Payee name Southside Steak (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. | Shelby, Tracie M. (Ms.) Name of financial institution see previous (a) Amount Charged (b) Date of Charge \$42.21 (a) Payee name RaceTrac (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Date of Charge (c) Date(s) Credit Card Issu (b) Payee address; 5151 Lemmon Ave. Dallas, TX 75209 (b) Description Transportation Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; 5151 Lemmon Ave. Candidate/Officeholder name Office sought (c) Date(s) Credit Card Issu (b) Date of Charge (c) Date(s) Credit Card Issu (b) Payee address; 424 S R L Thornton Free (c) Check if travel outside of Texas. Complete Schedule T. Dallas, TX 75203 (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu (b) Description Transportation Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T: Candidate/Officeholder name Office sought (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu (b) Payee address; 3125 Al Lipscomb Way (b) Payee address; 3125 Al Lipscomb Way Dallas, TX 75215 (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T: Check if | 2 FILER NAME Shelby, Tracie M. (Ms.) Name of financial institution see previous ARRED TO A CREDIT (a) Amount Charged \$42.21 (b) Date of Charge CARD (c) Date(s) Credit Card Issuer Paid (d) Payee name RaceTrac (e) Payee address: City, Statistic Lemmon Ave. Dallas, TX 75209 (a) Category Cise Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address: City, Statistic Lemmon Ave. Dallas, TX 75209 (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (d) Date of Charge \$26.01 (a) Payee name Shell Service Station (b) Payee address; City, Statistic Lemmon Ave. Dallas, TX 75203 (b) Payee address; City, Statistic Lemmon Ave. Dallas, TX 75203 (c) Date(s) Credit Card Issuer Paid (d) Payee name Shell Service Station (a) Category Cise Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office Sought Office held (a) Amount Charged Shell Service Station (b) Payee address; City, Statistic Station Candidate/Officeholder name Office Sought Office held (a) Amount Charged Shell Service (b) Date of Charge Shell Service Rd Dallas, TX 75203 (b) Description Transportation Expense - Gas Transp | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Instruction Guide explains how to complete this form. | | | | | | | | | |
|---|--|----------------------------------|--|-----------------------------|----------|--------------|--|--|--|--|
| 1 Total pages Schedule F4 | : 2 FILER NAME | | | 3 Filer ID (Ethic | s Commis | sion Filers) | | | | |
| Sch: 11/24 Rpt: 46/65 | Shelby, Tracie M. | (Ms.) | | 00085976 | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | | |
| | \$38.00 | 03/02/2024 | | | | | | | | |
| 7 PAYEE | (a) Payee name Quiktrip | | (b) Payee address; 220 W. Centerville Rd | City, | State, | Zip Code | | | | |
| | 1 | | Garland, TX 75041 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Transportation Equipo Expense | | (b) Description Transportation Expense | - Gas | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | (, officeholder living expe | ense | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | | | |
| expenditure to benefit C/OF | I | | | | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | (c) Date(s) Credit Card Issue | er Paid | | | | | | |
| | \$55.00 | 03/01/2024 | | | | | | | | |
| PAYEE (a) Payee name | | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | Shell Service Station | on | 424 S R L Thornton Free | way Service Rd | | | | | | |
| | | | Dallas, TX 75203 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | | (b) Description Transportation Expense - Gas - GOTV | | | | | | | |
| X Political | Transportation Equip | Herit And Related | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | K, officeholder living expe | ense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | | | |
| expenditure to benefit C/OF | I | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$601.20 | (b) Date of Charge 04/12/2024 | (c) Date(s) Credit Card Issue | er Paid | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | A | One did On ad | P.O. Box 981535 | | | | | | | |
| | American Express | Credit Card | | | | | | | | |
| | | | El Paso, TX 79998 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | | | | |
| l <u> </u> | EXPENDITURE (See Categories listed at the top of this schedule) Fees | | Interest Charge | | | | | | | |
| I = | X Political | | | | | | | | | |
| Non-Political | (6) 🗀 | | | | ense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| expenditure to benefit C/OF | xpenditure to benefit C/OH | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|---|--|--------------------------------|---|----------------------------|-----------|--------------|--|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | | | |
| Sch: 12/24 Rpt: 47/65 | Shelby, Tracie M. (| (Ms.) | | 00085976 | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | \$343.48 | 03/28/2024 | | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | | |
| | Wix | | 500 Terry A Francois Blv | d | | | | | | | |
| | VVIX | | Sixth Floor | | | | | | | | |
| | | | San Francisco, CA 94158 | 3 | | | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | | | | |
| EXPENDITURE | (See Categories listed at the top Domain/Email | of this schedule) | Domain/Email | | | | | | | | |
| X Political | | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expe | ense | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | \$574.49 | 05/02/2024 | 05/02/2024 | | | | | | | | |
| PAYEE (a) Payee name | | | (b) Payee address; | City, | State, | Zip Code | | | | | |
| | GoDaddy.com | | 2155 E. Godaddy Way | | | | | | | | |
| | | | Tempe, AZ 85284 | | | | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Domains | | | | | | | | |
| X Political | Domains | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living expe | ense | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | ffice sought Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | | | | | | |
| Political | | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|----------|--|--|--------------------------------|---|--|-------------------------|------------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | | |
| | Sch: 13/24 Rpt: 48/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution America 2 | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | | | |
| | | \$6,485.00 | 02/26/2024 | | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; City, State, Zip C | | | | | | | |
| | | DFW Custom Impri | nto | 3710 Rawlins St. | | | | | | | |
| | | Drw Custom impir | IIIS | Suite 1420 | | | | | | | |
| | | | | Dallas, TX 75219 | | | | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | Campaigr | n Signs | | | | | | |
| | X Political | Advertising Expense | | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | pense | | | | |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office | | | e sought | _ | Office held | | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | | | |
| | | \$3,948.13 | 02/26/2024 | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ıddress; | City, | State, | Zip Code | | | |
| | | | | 3710 Raw | lins St. | | | | | | |
| | | DFW Custom Impri | nts | Suite 142 | 0 | | | | | | |
| l | | | | Dallas, TX | 75219 | | | | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | tion | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | Campaign Material Printing | | | | | | | |
| | X Political | Advertising Expense | | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | - Γ | Check if Austin, TX, | officeholder living exp | oense | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| е | xpenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | | | |
| | | \$464.00 | 02/26/2024 | | | | | | | | |
| \vdash | PAYEE | (a) Payee name | <u> </u> | (b) Payee a | address; | City, | State, | Zip Code | | | |
| l | | | | 1740 N. B | eltline Rd | • | | · | | | |
| l | | Tractor Supply Co | | | | | | | | | |
| | | | | Mesquite, | TX 75149 | | | | | | |
| H | PURPOSE OF | (a) Category | | (b) Descript | | | | | | | |
| l | EXPENDITURE | (See Categories listed at the top | of this schedule) | Supplies f | or Signs | | | | | | |
| 1 | X Political Supplies for Signs | | | | | | | | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | T. Check if Austin, TX, officeholder living expense | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder | · | e sought | | Office held | | | | | |
| e | xpenditure to benefit C/OH | | | - | | | | | | | |
| ⊢ | - | l | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete t | his form. | (9 | , | , |
|-----------------------------|---|--------------------------------|-------------------------|--|------------------------|--------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | nics Commiss | sion Filers) |
| Sch: 14/24 Rpt: 49/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution | EXPEN | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$20,580.00 | 02/26/2024 | | | | | |
| 7 PAYEE | (a) Payee name Mail House | | (b) Payee a 2276 Var | | City, | State, | Zip Code |
| | | | Dallas, T | X 75207 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | -f.4b-ill-d-\ | (b) Descrip | | | | |
| EXPENDITURE | Advertising Expense | of this scriedule) | Campaig | n Direct Mail | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | rpense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$284.54 | 05/22/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Bank of America | | РО ВОХ | 660441 | | | |
| | | | Dallas, T | X 75266 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| X Political | Fees | | interest C | naiges | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$289.90 | 06/22/2024 | | | | | |
| PAYEE | (a) Payee name | l | (b) Payee | address; | City, | State, | Zip Code |
| | | | РО ВОХ | 660441 | | | |
| | Bank of America | | | | | | |
| | | | Dallas, T | X 75266 | | | |
| PURPOSE OF (a) Category | | | (b) Descrip | otion | | | |
| EXPENDITURE | EXPENDITURE (See Categories listed at the top of this schedule) Fees | | | Charges | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | rpense | |
| Complete ONLY if direct | | | | - | Office held | | |
| l | 1 | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete | this form. | | ., | , |
|---|--|----------------------------------|---------------------|--|------------------------|-------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) |
| Sch: 15/24 Rpt: 50/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | r Paid | | |
| | \$276.63 | 03/22/2024 | | | | | |
| 7 PAYEE | (a) Payee name Bank of America | | (b) Payee PO BOX | | City, | State, | Zip Code |
| | | | | X 75266 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this schodule) | (b) Descri | • | | | |
| EXPENDITURE | Fees | of this scriedule) | Interest | Charges | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | r Paid | | |
| | \$297.65 | 04/22/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Bank of America | | РО ВОХ | 660441 | | | |
| | | | Dallas, T | X 75266 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | • | | | |
| X Political | Fees | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$6,400.00 | (b) Date of Charge 02/26/2024 | (c) Date(s |) Credit Card Issue | r Paid | | |
| PAYEE | (a) Payee name M&M Outdoor Advertising | | | uth Hampton Rd | City, | State, | Zip Code |
| DUDDOCE OF | (a) Catagor: | | (b) Descri | TX 75115 | | | |
| PURPOSE OF EXPENDITURE | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) | | | ption yn Billboards | | | |
| X Political | Advertising Expense | | Campaig | gri Biliboarus | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

| | Candidate/Officeriolder/Folitica | Ü | ruction Guide explains how | - | TIEN (enter a categor | y not listed a | bove) |
|---|--|--|--------------------------------|---|-------------------------|----------------|--------------|
| 1 | Total pages Schedule F4: | | <u> </u> | · | 3 Filer ID (Ethic | cs Commis | sion Filers) |
| | Sch: 16/24 Rpt: 51/65 | Shelby, Tracie M. | (Ms.) | | 00085976 | | , |
| 4 | CREDIT CARD ISSUER | Name of fina | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| | | \$1,800.00 | 03/01/2024 | | | | |
| 7 | PAYEE | (a) Payee name Texas Trial Lawyer | s Association | (b) Payee address; 1220 Colorado Austin, TX 78701 | City, | State, | Zip Code |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | |
| ľ | EXPENDITURE X Political | (See Categories listed at the top | of this schedule) | Membership Fees | | | |
| | Non-Political | (a) Chook if traval autoida | of Toyon Complete Schodule T | Chook if Austin TV | officeholder living eve | onco | |
| 9 | Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | officeholder living exp | erise | |
| | xpenditure to benefit C/OH | Carranaato, Cinicariolaci | Tiame Sine | o oodgiit | Omoo nola | | |
| Г | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | PURPOSE OF | (a) Category | | (b) Description | | | |
| | EXPENDITURE Political | (See Categories listed at the top | of this schedule) | | | | |
| | = | | | | | | |
| ┡ | Non-Political | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Office held | | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| | Political | | | | | | |
| L | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | | | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|---|--|-----------------------------------|-----------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| Sch: 17/24 Rpt: 52/65 | Shelby, Tracie M. | (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution Express Blue | EXPEND | DF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$13,256.96 | 02/26/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Mail House | | 2276 Vant | age St. | | | |
| | | | Dallas, TX | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | |
| X Political | Advertising Expense | | Campaign Direct Mailers | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | · · · · · · · · · · · · · · · · · · · | | | | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$267.46 | 04/02/2024 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Amariaan Frances | Dluc | P.O. Box 9 | 981535 | | | |
| | American Express | Blue | | | | | |
| | | | El Paso, T | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript Interest Ch | | | | |
| X Political | Fees | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | |
| | \$254.22 | 05/02/2024 | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | P.O. Box 9 | 981535 | | | |
| | American Express | Blue | | | | | |
| | | | El Paso, T | X 79998 | | | |
| PURPOSE OF | | | | ion | | | |
| EXPENDITURE | (See Categories listed at the top of this schedule) Fees Inter | | | narges | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| · | 1 | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

| Candidate/Officenoider/Politica | - | ruction Guide explains how | - | HER (enter a catego | ry not listed a | pove) |
|---|---|--------------------------------|---|-------------------------|-----------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 18/24 Rpt: 53/65 | Shelby, Tracie M. (| (Ms.) | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| | \$259.78 | 06/02/2024 | | | | |
| 7 PAYEE | (a) Payee name American Express | Blue | (b) Payee address; P.O. Box 981535 | City, | State, | Zip Code |
| 0 00000000 | (a) Catamani | | El Paso, TX 79998 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Interest Charges | | | |
| X Political | Fees | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living exp | oense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| Political | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ı | | | |
| Complete ONLY if direct | Candidate/Officeholder | <u> </u> | e sought | Office held | | |
| expenditure to benefit C/OH | | | - | | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|-----------------------------|---|---------------------------------------|-------------------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 19/24 Rpt: 54/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution cover | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | \$10,290.00 | 03/01/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Mail House | | 2276 Vant | | | | |
| | | | Dallas, TX | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | |
| X Political | Advertising Expense | · · · · · · · · · · · · · · · · · · · | Campaign Direct Mailers | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | 9 Complete ONLY if direct Candidate/Officeholder name Office soug | | | | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | \$1,243.29 | 03/05/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Southside Steak | | 3125 Al Li _l | pscomb Way | | | |
| | | | Dallas, TX | 75215 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cahadula) | (b) Descripti | | | | |
| EXPENDITURE X Political | Food/Beverage Expe | | Campaign Food for Watch Party | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | L (1) D (1) (1) | 1/25//2 | 0 17 0 11 | D ' ! | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| PURPOSE OF | (a) Category | | (b) Descripti | ion | | | |
| EXPENDITURE | (See Categories listed at the top of this schedule) | | | | | | |
| Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | 1 | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|-------------------------------------|--|--------------------------------|------------------|--|-------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| Sch: 20/24 Rpt: 55/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | |
| 4 CREDIT CARD ISSUER | | ncial institution ay Card | EXPEND | DF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | |
| | \$54.90 | 04/29/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Mail Chimp | | 405 N Ang | jier. NE | | | |
| | | | Atlanta, G | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | |
| X Political | Advertising Expense | or the contocally | Email Service | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete ONLY if direct | · | | | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | |
| | \$47.97 | 02/29/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Mail Chimp | | 405 N Angier. NE | | | | |
| | | | Atlanta, G | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descripti | | | | |
| l <u>—</u> | Advertising Expense | of this scriedule) | Email Serv | vice | | | |
| X Political | | | <u> </u> | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Data of Charge | (a) Data(a) (| Cradit Card Issue | r Doid | | |
| PATMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | i Palu | | |
| | \$54.90 | 06/29/2024 | | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee a | ddress: | City, | State, | Zip Code |
| | (a) r ayee name | | 405 N Ang | • | Oity, | Oldie, | Zip Code |
| | Mail Chimp | | 400 117 119 | ,ici. 14L | | | |
| | | | Atlanta, G | A 30308 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Email Serv | vice | | | |
| X Political | Advertising Expense | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete th | nis form. | (| , | , | |
|---|--|--------------------------------|--------------------------|--|------------------------|-------------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | |
| Sch: 21/24 Rpt: 56/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$2,866.60 | 02/26/2024 | | | | | | |
| 7 PAYEE | (a) Payee name Mail House | | (b) Payee a 2276 Vant | | City, | State, | Zip Code | |
| | | | Dallas, TX | 75207 | | | | |
| 8 PURPOSE OF | (a) Category | -f.4b-ill-d-\ | (b) Descript | | | | | |
| EXPENDITURE | (See Categories listed at the top Advertising Expense | of this scriedule) | Campaign | Direct Mail | | | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$54.90 | 05/29/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | Mail Chimp | | 405 N Ang | gier. NE | | | | |
| | | | Atlanta, G | A 30308 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Email Ser | vice | | | | |
| X Political | Advertising Expense | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living ex | pense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$54.90 | 03/29/2024 | | | | | | |
| PAYEE | (a) Payee name | l | (b) Payee a | ddress; | City, | State, | Zip Code | |
| | | | 405 N Ang | gier. NE | | | | |
| | Mail Chimp | | | | | | | |
| | | | Atlanta, G | A 30308 | | | | |
| PURPOSE OF | | | | ion | | | | |
| EXPENDITURE | EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense | | | vice | | | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | <u>.</u> Г | Check if Austin, TX, | officeholder living ex | pense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | _ | Office held | | | |
| , | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Inst | ruction Guide explains how | to complete this form. | | | | |
|----------------------------------|---|--------------------------------|---|--------------------------|-----------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | |
| Sch: 22/24 Rpt: 57/65 | Shelby, Tracie M. (| (Ms.) | | 00085976 | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | | |
| | \$54.90 | 04/29/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | Mail Chimp | | 405 N Angier. NE | | | | |
| | | | Atlanta, GA 30308 | | | | |
| 8 PURPOSE OF | (a) Category | -f. doi: | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | Email Service | | | | |
| X Political | X Political | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | [*] Paid | | | |
| PAYEE | (a) Payee name | l | (b) Payee address; | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | <u> </u> | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | [*] Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

| | The Insti | ruction Guide explains how | to complete this | form. | (| , | , | |
|---|---|--------------------------------|---|----------------------|------------------------|-------------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) | |
| Sch: 23/24 Rpt: 58/65 | Shelby, Tracie M. (| (Ms.) | | | 00085976 | | | |
| 4 CREDIT CARD ISSUER | Name of final | ncial institution bank | 5 TOTAL OF EXPENDIT CHARGED CARD | | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cro | edit Card Issuer | r Paid | | | |
| | \$324.05 | 03/01/2024 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee add | ress; | City, | State, | Zip Code | |
| | Contact | | 2121 RDU Center Dr. | | | | | |
| | IContact | | Suite 210 | | | | | |
| | | | Morrisville, N | NC 27560 | | | | |
| 8 PURPOSE OF | (a) Category | (d): 1 11 X | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | Email Service | e | | | | |
| X Political | X Political | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | П | Check if Austin, TX, | officeholder living ex | pense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | r Paid | | | |
| | \$375.02 | 03/07/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee add | ress; | City, | State, | Zip Code | |
| | Sheraton Suites Ma | arket Center | ket Center 2101 N. Stemmons Fwy | | | | | |
| | | | Dallas, TX 7 | 5207 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE X Political | (See Categories listed at the top Hotel for Campaign V | | Hotel for Campaign Volunteers - Primary Day | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ' п | Check if Austin, TX, | officeholder living ex | pense | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Cre | edit Card Issuer | r Paid | | | |
| | \$133.14 | 06/02/2024 | | | | | | |
| PAYEE | (a) Payee name | l | (b) Payee add | ress; | City, | State, | Zip Code | |
| | | | 2121 RDU C | Center Dr. | | | | |
| | IContact | | Suite 210 | | | | | |
| | | | Morrisville, N | NC 27560 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense | | | Email Service | e | | | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | . П | Check if Austin, TX, | officeholder living ex | pense | | |
| Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH | | | | | | | | |
| | • | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | Advertising Expense Accounting/Banking Consulting Expense | Event Expe Fees Food/Reve | ense rage Expense | Office Overhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District | | | |
|---|---|---|-----------------------------|---------------------------------|--|-----------|--|--|
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award: | s/Memorials Expense | Printing Expense | Travel Out of District OTHER (enter a category not listed abov | /e) | | |
| | | - | | low to complete this form. | | Ť | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commissio | n Filers) | | |
| | Sch: 24/24 Rpt: 59/65 | Shelby, Tracie M. (| Ms.) | | 00085976 | | | |
| 4 | CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED | | | | |
| | ISSUER | see pi | evious | EXPENDITURES CHARGED TO A CREDI | ⊤ \$ | | | |
| Ļ | B 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | () 4 | (1) 5 | CARD | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Pald | | | |
| | | \$307.22 | 03/04/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; | City, State, 2 | Zip Code | | |
| | | | | - 3 , | F | | | |
| | | Whiskey Cake Kitch | nen & Bar | 3601 Dallas Pkwy | | | | |
| L | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| | X Political | Food/Beverage Expense | | | | | | |
| | Non-Political | (a) Charle if traval autoida | of Toyon, Complete Cabadula | T Chapte if Augstin T | K, officeholder living expense | | | |
| 9 | Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | name O | ffice sought | Office held | | | |
| | xpenditure to benefit C/OH | | | - | | | | |
| | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Salari | g Expense es/Wages/Contract Labor complete this form. | Travel Out of District OTHER (enter a category not listed above) |
|---|---|---------------|--|------------------|---|--|
| 1 | Total pages Schedule G: | 2 FILER N | AME | | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/5 Rpt: 60/65 | Shelby, | Tracie M. (Ms.) | | | 00085976 |
| 4 | Date | 5 Payee na | ame | | | |
| | 03/01/2024 | Blxck W | 'allett | | | |
| 6 | Amount (\$) | 7 Payee a | ddress; City; | State; Zip | Code | |
| | \$500.00 | 2800 C | ole Ave. | | | |
| | Reimbursement from political contributions intended | Dallas, | TX 75204 | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top of | f this schedule) | (b) Description | Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Consult | ing Expense | | l L | Check if Austin, TX, officeholder living expense |
| | | | | | Campaign Cons | ulting |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/O | fficeholder name | | Office sought | Office held |
| | Date | Payee n | ame | | | |
| | 02/26/2024 | DFW C | ustom Imprints | | | |
| | Amount (\$) | Payee a | ddress; City; | State; Zip | Code | |
| | \$9,305.74 | 3710 R | awlins St. | | | |
| | Reimbursement from | Suite 14 | 120 | | | |
| | X political contributions intended | Dallas, | TX 75219 | | | |
| | PURPOSE | Category | (See Categories listed at the top o | f this schedule) | Description | Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Advertis | sing Expense | | [| Check if Austin, TX, officeholder living expense |
| | LA LIBITORE | | | | Campaign Mate | rial |
| | 2 1 2 2 2 2 2 2 2 | | | | | 25 |
| | Complete ONLY if direct expenditure to benefit | Candidate/O | ficeholder name | | Office sought | Office held |
| | C/OH | | | | | |
| | Date | Payee n | ame | | | |
| | 02/26/2024 | Elite Ne | WS | | | |
| | Amount (\$) | Payee a | ddress; City; | State; Zip | Code | |
| | \$100.00 | 3155 S. | Lancaster Rd | | | |
| | Reimbursement from political contributions intended | Lancasi | er, TX 75216 | | | |
| | PURPOSE | Category | (See Categories listed at the top o | f this schedule) | Description | Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Advertis | sing Expense | | | Check if Austin, TX, officeholder living expense |
| | | | | | Ads | |
| L | Complete Chilly's " | Constitute (C | Waabalaa | | C.W | Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/O | liceriolaer name | | Office sought | Office held |
| | | | | | | |
| | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E Salaries/\ | xpense Nages/Contract Labor | 7 | Γravel in Dist Γravel Out of | |
|---|---|-----------------------|--|--|--------------------------------|--------|---------------------------------|--|
| | | | The Instruction Guide explains | how to co | omplete this form. | | | |
| 1 | Total pages Schedule G: | 2 FILER NAMI | Ē | | | 3 F | iler ID | (Ethics Commission Filers) |
| | Sch: 2/5 Rpt: 61/65 | Shelby, Tra | cie M. (Ms.) | | | (| 0008597 | 6 |
| 4 | Date | 5 Payee name | | | | | | |
| | 03/07/2024 | Felder, Kev | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | ; Zip Co | ode | | | |
| | \$500.00 | 8404 /Capr | iola Ln | | | | | |
| | Reimbursement from | | | | | | | |
| | political contributions intended | Dallas, TX | 75228 | | | | | |
| _ | | | | | (I) Description F | 7 01 | -1. 26 4 | ustaida af Taura - Oansalata Cabadula T |
| 8 | PURPOSE OF | 1 | ee Categories listed at the top of this sch | iedule) | (b) Description | = | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | EXPENDITURE | Consulting | Expense | | | _ | | 1A, officeriolder living expense |
| | | | | | Campaign Consu | ultıng | I | |
| | | | | | | | | |
| 9 | | Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/06/2024 | Franklin, Ta | ashima | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | |
| | \$2,260.00 | 7624 Anso | n Circ | | | | | |
| | Reimbursement from | | | | | | | |
| | x political contributions intended | Dallas, TX | 75225 | | | | | |
| | | | | | T - | | | |
| | PURPOSE OF | | ee Categories listed at the top of this sch | nedule) | Description | = | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | EXPENDITURE | Consulting | Expense | | L | Cite | ck ii Austiii, | 17, Uniceriolaer living expense |
| | | | | | Campaign Work | | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | | Office held |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/05/2024 | Graham, M | ona | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | |
| | \$4,734.00 | 3011 Henry | / Rd | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Lancaster, | TX 75134 | | | | | |
| | PURPOSE | Category (s | ee Categories listed at the top of this sch | nedule) | Description | Che | ck if travel o | utside of Texas. Complete Schedule T. |
| | OF | Consulting | Expense | | | Che | ck if Austin, | TX, officeholder living expense |
| | EXPENDITURE | | | | Campaign Worke | ers | | |
| | | | | | | | | |
| | Complete ONLY if direct | I Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit | | | | 9 - · · · | | | |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Gift Committee Leg | d/Beverage Expense /Awards/Memorials Expense al Services | Polling Ex Printing Ex Salaries/W | kpense /ages/Contract Labor | 7 | Γravel in Dis Γravel Out ο | |
|---|---|-------------------------|--|---|--------------------------------|-------------|-------------------------------|--|
| | | Th | e Instruction Guide explains h | ow to co | mplete this form. | | | |
| 1 | Total pages Schedule G: | 2 FILER NAME | | | | 3 F | iler ID | (Ethics Commission Filers) |
| | Sch: 3/5 Rpt: 62/65 | Shelby, Tracie | M. (Ms.) | | | | 0008597 | 6 |
| 4 | Date | 5 Payee name | | | | | | |
| | 03/04/2024 | JJ Fish & Chic | ken | | | | | |
| 6 | Amount (\$) | 7 Payee address; | City; State; | Zip Co | de | | | |
| ľ | \$300.00 | 3250 W. Pleas | • | 2.p 00 | uo. | | | |
| | | 5250 W. 1 1643 | ant itan | | | | | |
| | X Reimbursement from political contributions intended | Lancaster, TX | 75146 | | | | | |
| 8 | PURPOSE | (a) Category (See C | ategories listed at the top of this sche | dule) | (b) Description | Che | ck if travel o | outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Food/Beverage | e Expense | | | Che | ck if Austin, | TX, officeholder living expense |
| | LAFENDITORE | | | | Campaign Food | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit | Candidate/Officehold | der name | | Office sought | | | Office held |
| | с/он | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/01/2024 | Kelson, christo | pher | | | | | |
| | Amount (\$) | Payee address; | City; State; | Zip Co | de | | | |
| | \$550.00 | 2080 N Lodbel | ll Blvd | | | | | |
| | Reimbursement from | | | | | | | |
| | x political contributions intended | Baton Rouge, | LA 70806 | | | | | |
| | PURPOSE | | ategories listed at the top of this sche | dulo) | Description | 7 Che | ck if travel o | outside of Texas. Complete Schedule T. |
| | OF | Consulting Exp | • | uule) | | = | | TX, officeholder living expense |
| | EXPENDITURE | Consulting Exp | Jense | | Campaign Consu | ㅡ ultina | ı | |
| | | | | | Jampaigi. Joine | g | • | |
| _ | Complete ONLY if direct | Candidate/Officehold | der name | | Office sought | | | Office held |
| | expenditure to benefit | candidate/Oniceriole | der name | | Office Sought | | | Office field |
| | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/07/2024 | Kingdom Build | ing Ministry | | | | | |
| | Amount (\$) | Payee address; | | Zip Co | | | | |
| | \$500.00 | 200 East Carr | | Zip Co | ue | | | |
| | | 200 Last Can | Lane | | | | | |
| | Reimbursement from political contributions intended | Duncanville, T | X 75137 | | | | | |
| | PURPOSE | Category (See C | ategories listed at the top of this sche | dule) | Description | Che | ck if travel o | outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Contributions/I | Donations Made By | | | Che | ck if Austin, | TX, officeholder living expense |
| | EXPENDITORE | Candidate/Offi | ceholder/Political Commi | ttee | Donation | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholo | der name | | Office sought | | | Office held |
| | expenditure to benefit | | | | • | | | |
| | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E Salaries/V | xpense Nages/Contract Labor | | Travel in Dis Travel Out o | | |
|---|---|------------------------------|--|--|--------------------------------|-----|-------------------------------|--|----------|
| | | | The Instruction Guide explains | how to co | omplete this form. | _ | | | |
| 1 | . • | 2 FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 4/5 Rpt: 63/65 | Shelby, Tra | cie M. (Ms.) | | | (| 0008597 | 76 | |
| 4 | Date | 5 Payee name | | | | • | | | |
| | 03/08/2024 | Pappaduea | Х | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; State; | Zip Co | ode | | | | T |
| | \$356.12 | 3520 Oak L | | • | | | | | |
| | Reimbursement from | | | | | | | | |
| | x political contributions intended | Dallas, TX | 75210 | | | | | | |
| _ | | | | | la. 5 · .: | 7.0 | 1.77 | (= 0 1.01.11.= | 4 |
| 8 | PURPOSE OF | | ee Categories listed at the top of this sch | edule) | (b) Description | _ | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| | EXPENDITURE | Food/Bevei | age Expense | | L | Cit | ECK II AUSUII | i, 1A, dilicendider living expense | |
| | | | | | Campaign Food | | | | |
| | | | | | | | | | ┙ |
| 9 | Complete ONLY if direct expenditure to benefit | Candidate/Office | holder name | | Office sought | | | Office held | ı |
| | C/OH | | | | | | | | ı |
| | | T | | | | | | | = |
| | Date | Payee name | | | | | | | |
| | 03/10/2024 | Robins, Pa | ula | | | | | | |
| | Amount (\$) | Payee addre | ss; City; State; | Zip Co | ode | | | | |
| | \$2,650.00 | 722 Linden | wood Dr | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Lancaster, | TX 75134 | | | | | | |
| | PURPOSE | Category (s | ee Categories listed at the top of this sch | edule) | Description | Che | eck if travel | outside of Texas. Complete Schedule T. | _ |
| | OF | Consulting | Expense | | | Che | eck if Austin | n, TX, officeholder living expense | |
| | EXPENDITURE | | • | | Campaign Work | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | | Office held | ┪ |
| | expenditure to benefit | | | | Ū | | | | |
| | C/OH | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/26/2024 | Robinson, I | Paula | | | | | | |
| | Amount (\$) | Payee addre | ss; City; State; | Zip Co | ode | | | | ┪ |
| | \$1,500.00 | 722 Linden | • | • | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Lancaster, | TX 75134 | | | | | | |
| | PURPOSE | Category (s | ee Categories listed at the top of this sch | edule) | Description | Che | eck if travel | outside of Texas. Complete Schedule T. | ٦ |
| | OF EXPENDITURE | Consulting | | | | Che | eck if Austin | n, TX, officeholder living expense | |
| | EXPENDITURE | | • | | Campaign Work | | | | |
| | | | | | _ | | | | |
| | Complete ONLY if direct | <u> </u> Candidate/Office | holder name | | Office sought | | | Office held | \dashv |
| | expenditure to benefit | | Total Tialing | | eee eeug | | | | |
| L | C/OH | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C | s Expense | | | | Travel in Disi Travel Out of OTHER (ente | | d above) |
|----------|---|----------|----------------|---|----------------------|--------|-----------------|--------|--|-------------------------|---------------|
| 1 | Total pages Schedule G: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 5/5 Rpt: 64/65 | | Shelby, Tra | cie M. (Ms.) | | | | | 0008597 | 6 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| L | 03/21/2024 | L | Rockfish Se | eafood | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$200.00 | | 7639 Camp | bell Rd | | | | | | | |
| | Reimbursement from political contributions intended | | Dallas, TX | 75248 | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (S | ee Categories listed at | the top of this sche | edule) | (b) Description | = | | utside of Texas. Com | |
| | EXPENDITURE | | Food/Bever | age Expense | | | L | | | TX, officeholder living | expense |
| | | | | | | | Campaign Food | - IVIE | eeting | | |
| 9 | Complete ONLY if direct | Car | ndidate/Office | nolder name | | | Office sought | | | Office held | |
| 9 | expenditure to benefit C/OH | Cal | ididate/Office | ioidei ridille | | | Onice Sought | | | Onice Helu | |
| | Date | | Payee name | | | | | | | | |
| | 02/28/2024 | | Thurgood N | 1arshall School | of Law | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$1,000.00 | | 3100 Clebu | rne St. | | | | | | | |
| | Reimbursement from political contributions intended | | Houston, T | X 77004 | | | | | | | |
| | PURPOSE | | Category (S | ee Categories listed at | the top of this sche | edule) | Description | _ | | utside of Texas. Com | |
| | OF EXPENDITURE | | | ns/Donations M | | ittoo | <u> </u> | Ch | eck if Austin, | TX, officeholder living | expense |
| | | | Candidate/ | Officeholder/Po | iilicai Comm | iiitee | Donation | | | | |
| | | Car | ndidate/Office | nolder name | | | Office sought | | | Office held | |
| | expenditure to benefit C/OH | | | | | | | | | | |
| F | Date | | Payee name | | | | | | | | |
| | 03/05/2024 | | Treats by C | hance | | | | | | | |
| \vdash | Amount (\$) | \vdash | Payee addre | | State: | Zip Co | ode | | | | |
| | \$200.00 | | - | ckingbird LN | , | | | | | | |
| | Reimbursement from | | | | | | | | | | |
| | X political contributions intended | | Dallas, TX | 75235 | | | | | | | |
| | PURPOSE | | Category (S | ee Categories listed at | the top of this sche | edule) | Description | _ | | utside of Texas. Com | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | Ch | eck if Austin, | TX, officeholder living | expense |
| | | | | | | | Campaign Food | | | | |
| | | Car | ndidate/Office | nolder name | | | Office sought | | | Office held | |
| | expenditure to benefit C/OH | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | OUTSTAN | IDING LOANS | SCHEDULE L | | | | | |
|---|-------------------------------|--|---|--|--|--|--|--|
| | The Instruction | on Guide explains how to complete this form. | 1 Total pages Schedule L: Sch: 1/1 Rpt: 65/65 | | | | | |
| 2 | FILER NAME Shelby, Tracie N | A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00085976 | | | | | |
| | LENDER INFORMATION | 4 Name of lender Shelby, Roderick (Mr.) 5 Lender address; City; State; Zip Code | | | | | | |
| | GUARANTOR | Maumelle, AR 72113 6 Name of guarantor | | | | | | |
| | INFORMATION X not applicable | 7 Guarantor address; City; State; Zip Code | | | | | | |
| | LENDER INFORMATION | Name of lender Shelby, Tracie Lender address; City; State; Zip Code | | | | | | |
| | GUARANTOR INFORMATION | Dallas, TX 75219 Name of guarantor | | | | | | |
| | X not applicable | Guarantor address; City; State; Zip Code | | | | | | |
| | | | | | | | | |
| | | | | | | | | |