CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

-	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	ICE ONLY
	00067613	ics commission r licrs;	17			Date Received	JSE ONLY
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	-	NIVELED
5	OFFICEHOLDER	Mr.	Tracy D.		1411	ELECTRONIC <i>I</i> 10/07/2024	ALLY FILED
	NAME	NICKNAME	LAST		SUFFIX	10/07/2024	
		MORNAME	Good		301117		
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered or	r Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	<u></u>		Receipt #	Amount
		X 30th day before election	15th day after camp			i toosipi ii	, and and
			appointment (office	holder only)		Date Processed	
		8th day before election	Final Report (Attacl				
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
_		07/01/2024	THROUGH	09/26/2024			
	EXPLANATION OF C	CORRECTION nt should be \$3600.00					
7	AFFIDAVIT				and the of maries	About Abrica acusa de ca	d annual in Annua
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	r, that this corrected	d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	and all applical	ble statements:	
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report	and all applicates: I swear, or	ble statements: affirm that the origi	nal report
7	AFFIDAVIT		and	correct.	and all applical s: I swear, or aith and without	ble statements: affirm that the origi an intent to mislead	nal report
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the inf	and all applical s: I swear, or aith and without ormation contain	ble statements: affirm that the origi an intent to mislead ned in the report.	inal report d or to
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports: 1 s	and all applical s: I swear, or aith and without ormation contain	ble statements: affirm that the origi an intent to mislead ned in the report. that I am filing this	nal report d or to corrected
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori	and all applical s: I swear, or aith and without ormation contair swear, or affirm, the 14th busine iginally filed is in	affirm that the origi an intent to mislead ned in the report. that I am filing this ss day after the dat accurate or incomp	inal report d or to corrected te I learned blete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports: I s report not later than	v and all applical s: I swear, or aith and without ormation contair swear, or affirm, the 14th busine iginally filed is in t any error or on	affirm that the origi an intent to mislead ned in the report. that I am filing this ss day after the dat accurate or incomp	inal report d or to corrected te I learned blete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: Is report not later than that the report as or swear, or affirm, tha	v and all applical s: I swear, or aith and without ormation contair swear, or affirm, the 14th busine iginally filed is in t any error or on	affirm that the origi an intent to mislead ned in the report. that I am filing this ss day after the dat accurate or incomp	inal report d or to corrected te I learned blete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: Is report not later than that the report as or swear, or affirm, tha	y and all applical s: I swear, or aith and without ormation contair swear, or affirm, the 14th busine iginally filed is in t any error or on ood faith.	affirm that the original an intent to mislead and in the report. that I am filing this so day after the dat accurate or incompnission in the report	inal report d or to corrected te I learned blete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	s: I swear, or aith and without ormation contains swear, or affirm, the 14th busine iginally filed is intany error or on bod faith.	affirm that the original an intent to mislead need in the report. that I am filling this ss day after the data accurate or incompaission in the report	inal report d or to corrected te I learned blete. I
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7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	s: I swear, or aith and without ormation contains swear, or affirm, the 14th busine iginally filed is intany error or on bod faith.	affirm that the original an intent to mislead need in the report. that I am filling this ss day after the data accurate or incompaission in the report	inal report d or to corrected te I learned blete. I
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	y and all applical s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or on ood faith. Mr. Tracy D. ure of Candidate	affirm that the original an intent to mislead an intent to mislead and in the report. that I am filing this so day after the dat accurate or incompaission in the report. Good or Officeholder	corrected te I learned olete. I t as originally
7	AFFIX NOTARY ST Sworn to and subsc	AMP / SEAL ABOVE ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	y and all applical s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or on ood faith. Mr. Tracy D. ure of Candidate, this th	affirm that the original an intent to mislead an intent to mislead and in the report. that I am filing this so day after the dat accurate or incompaission in the report. Good or Officeholder	corrected te I learned olete. I t as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go Signatu	y and all applical s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or on ood faith. Mr. Tracy D. ure of Candidate, this th	affirm that the original an intent to mislead an intent to mislead and in the report. that I am filing this so day after the dat accurate or incompaission in the report. Good or Officeholder	corrected te I learned olete. I t as originally
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00067613 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tracy D. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Good CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2935 Carrizo Springs Court MAILING Receipt # Amount **ADDRESS** Change of Address katy, TX 77449 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tracy D. NAME NICKNAME LAST **SUFFIX** Good **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2935 Carrizo Springs Court **ADDRESS** (Residence or Business) Katy, TX 77449 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 235-3814 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 333

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 17

13 C / OH NAME	Good, Tracy D. (Mr.)		14 Filer ID (00067613	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditural These expenditures may have been made without to difficeholders are required to report this information	he candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		.l IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 2,900.00	
EXPENDITURE TOTALS					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 26,117.30	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 52,813.63	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 3,600.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mr.	Tracy D. Good		
			Candidate or Officehol	der	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subsc	ribed before me, by the s	said	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVEF	4 of 17
	LER NAN Dod, Tra	(Ethic:	s Commission Filers)		
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,900.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	18,012.16
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,052.57
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,052.57
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION)NS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 5/17				
2	FILER NAME Good, Tracy	D. (Mr.)		3	Filer ID (Ethics Commission Filers) 00067613			
4	Date 07/08/2024	5 Full name of contributorBaker Botts Amicus Fun6 Contributor address; City;		7	Amount of Contribution (\$) \$2,500.00			
		Houston, TX 77002-499	5					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)		
	08/21/2024 Dixon, Angela Contributor address; City; State; Zip Code					\$100.00		
		Houston, TX 77044						
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm f Angela Dixon		Law firm of contributor's sp	oous	se (If any)		
		s a child, law firm of parent(s) (i	f any)					
	ii contributor i	s a clind, law littl of paretil(s) (i	i aliy)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	08/12/2024	Jones, Doris				\$300.00		
	Contributor address; City; State; Zip Code Houston , TX 77028							
	Contributor's F	I		Contributor's Job Title	<u> </u>			
	Retired			Retired				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	N/A							
	If contributor is	s a child, law firm of parent(s) (i	f any)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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: 1/6 Rpt: 6/17	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	08/06/2024	AB Canvassing LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	P.O Box 331492,
		Houston, TX 77033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Canvassing, passing out push cards.
		Carivassing, passing out push cards.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name
	08/07/2024	AB Canvassing LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$708.50	P.O Box 331492,
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Canvassing, passing out push cards
		Carivassing, passing out push cards
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/23/2024	AB Canvassing LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,483.17	P.O Box 331492,
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Canvassing - passing out push cards
		Carivassing - passing out push cards
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Event Expense 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 7/17	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	08/06/2024	Allied Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.63	6820 Harwin Dr.
		Houston, TX 77036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Push cards Printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	08/12/2024	Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.63	6820 Harwin Dr.
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Push Cards Printing
		T don't cards I maing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davido namo
	09/03/2024	Payee name Broussard (joint account with Shantel Schurman), Alan
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3915 Hale Street
		Vidor, TX 77662
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consultant, Shantel Schurman passing out push
		cards for my campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 3/6 Rpt: 8/17	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	08/19/2024	Choice Marketing Co
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1900 1st Street E, 2062
		Humble, TX 77338
8	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 News Paper Publishing
		News raper rabilishing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/03/2024	Dent, Almeda (Miss)
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7900 Morley Street
	φου.υυ	1000 Money direct
		Houston, TX 77061
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consultant/ strategic advisor/ promoter of campaign.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	09/13/2024	Good, Tracy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	2935 Carrizo Springs Court
		katy, TX 77449
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial Repayment of Reimbursement Amount from
		personal funds
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\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

	Consulting 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: 4/6 Rpt: 9/17	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	07/10/2024	Good, Tracy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	2935 Carrizo Springs Court
		katy, TX 77449
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial Repayment of Reimbursement Amount from
		personal funds
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/08/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,350.00	4619 Lyons Ave,
		Houston, TX 77020
	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 Check if Austin, TX, officeholder living expense JJR Gala to HCDP
		out data to Hobi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	S
	Date	Payee name
	08/08/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4619 Lyons Ave,
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution to HCDP
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIULUIE LO DENEIL C/OI	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gift

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/Officenoider/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: 5/6 Rpt: 10/17	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	09/03/2024	Hightower, Robert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$605.00	5239 Honeyvine Drive
		Houston, TX 77048
8	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 Putting Up Signs in Harris County.
		The stand of orginal in that is obtained.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/09/2024	Hightower, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$605.00	5239 Honeyvine Drive
		Houston, TX 77048
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Putting up signs in Harris County.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payeo namo
	08/21/2024	Payee name Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.38	2211 North 1st Street
	40.00	
		San Jose, CA 95131
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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		nmittee	Gift/Awards/Memori Legal Services The Instruction			/ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 6/6 Rpt: 11/17	ı	FILER NAME Good, Tracy							Filer ID 00067613	(Ethics Commission Filers)	
4	Date 08/19/2024	5	Payee name Sprint2Print									
6	Amount (\$) \$2,273.25		Payee addres 8748 Clay R Houston, TX	rd #300	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	e Categories listed a ense	at the top of this sch	edule)		느	, TX,	officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	Date 07/05/2024			- undraising C								
	Amount (\$) \$642.60		Payee addres 229 W 25th Houston , T	Street	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category _{(Se} Consulting E	e Categories listed a Expense	at the top of this sch	edule)		ш	, TX,	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	

EXPENDITURES MADE BY CREDIT CARD

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

Carididate/Officeriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	THEN (effici a category not listed at	ove)	
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					
Sch: 1/3 Rpt: 12/17	Good, Tracy D. (Mr	·.)	3 Filer ID (Ethics Commission 00067613			
4 CREDIT CARD ISSUER	Name of final	ncial institution er Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer 09/16/2024	r Paid		
7 PAYEE	(a) Payee name MeyerLand Democ	rats	(b) Payee address; 4600 Bellaire Blvd Bellaire, TX 77401	City, State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description GOTV Efforts of the Club.			
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$389.70	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name Storyblocks.Com		(b) Payee address; 1515 N Courthouse Rd Ste 1000 Arlington , VA 22201	City, State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Website Commercials			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer 09/16/2024	r Paid		
PAYEE	(a) Payee name Aubrey R. Taylor		(b) Payee address; 957 Nasa Parkway 251 Houston, TX 77058	City, State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Publication of Ad for Cam Taylor Communications)	paign. (Payee is Aubre	/ R.	
Non-Political	(*) —	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

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/Officeholder/Politica	ű			THER (enter a catego	ory not listed ab	oove)	
	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/3 Rpt: 13/17	Good, Tracy D. (Mr		00067613				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$12.87	08/11/2024					
	Ψ12.01	00/11/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			200-1240 20 Ave SE			·	
	Istockphoto.com						
			Calgary Alberta T2G1M8	Canada			
8 PURPOSE OF	(a) Category		(b) Description	- Carrotaea			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Purchased License to an	Image used in	adverting	ı.	
X Political	Advertising Expense			· ·			
Non-Political	(a) Charalleithean all autoide	of Towns Committee Coloradula T	Observativity Asserting TVV	-#			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living ex	cpense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field			
	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	- Daid			
PAYMENT	` ′	(b) Date of Charge	(c) Date(s) Credit Card Issuer	i Paiu			
	\$300.00	07/20/2024					
				-			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Tru Insight Media L	I.C.	6122 Grey Oaks Dr				
	Tra moight Modia 2						
	() 0 :		Houston, TX 77050				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		ation	- u a la	
_	Consulting Expense	,	Consulting on campaign strategy and voting research.				
X Political							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		K, officeholder living expense			
Complete <u>ONLY</u> 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	r Paid			
	\$100.00	09/14/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			3800 Spencer Hwy				
	Area 5 Democrats		Ste L				
			Pasadena , TX 77504				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Tickets to Bingo Events				
X Political	Evenii Expense						
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	<u> </u>	e sought	Office held			
expenditure to benefit C/OH			ŭ				
· ·	l						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beve 7 - Gift/Award: Il Committee Legal Serv	rage Expense F s/Memorials Expense F	omice Overnead/Rental 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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 3/3 Rpt: 14/17	Good, Tracy D. (Mr	.)		00067613					
4 CREDIT CARD				ED _					
ISSUER	Citibank Diamond Preferred Card			EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	I suer Paid					
	\$250.00	09/26/2024							
	φ230.00	09/20/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
			4806 Edfield St	, , , , , , , , , , , , , , , , , , ,					
	Houston Black Ame	erica							
			Houston, TX 77033						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		GOTV initiative (Payee is Houston Black American						
X Political	Candidate/Officeholde		Democrats)						
Non-Political	— <u> </u>	of Texas. Complete Schedule T.		, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held					
expenditure to benefit C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 15/17 Good, Tracy D. (Mr.) 00067613 Date Payee name 09/14/2024 Area 5 Democrats Payee address; Amount (\$) City; State; Zip Code \$100.00 3800 Spencer Hwy Ste L Reimbursement from political contributions intended Pasadena, TX 77504 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Tickets to Area 5 Bingo Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2024 Aubrey R. Taylor Communications Amount (\$) Payee address; City; State; Zip Code \$2,500.00 957 Nasa Parkway 251 Reimbursement from political contributions Χ Houston, TX 77058 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Adverting Expense in the publication. Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2024 Houston Black America Democrates Payee address; City; State; Zip Code Amount (\$) \$250.00 4806 Edfield St Reimbursement from

Forms provided by Texas Ethics Commission

Houston, TX 77033

Candidate/Officeholder name

Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

political contributions intended

Complete ONLY if direct

expenditure to benefit

C/OH

PURPOSE

OF

EXPENDITURE

Description

GOTV Intitiative

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Fayinent		The Instruction Guide explain	s how to co	emplete this form.			
1	Total pages Schedule G:	2 FILER NAME	Ē.			3 Filer ID (Ethics Commission Filers)		
	Sch: 2/3 Rpt: 16/17	Good, Trac	y D. (Mr.)			00067613		
4	Date	5 Payee name						
	08/11/2024	Istockphoto.com						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$12.87	200-1240 20 Ave SE						
	X Reimbursement from political contributions intended	Column Column T204M0 Conside						
		Calgary Ca	algary T2G1M8 Canada					
8	PURPOSE OF		ee Categories listed at the top of this so	chedule)	(b) Description	Check if Austin TV, officeholder living aurages		
	EXPENDITURE	Advertising Expense						
				Licensing on an		ımage		
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought	Office held		
	C/OH							
_	Data	Γ_						
	Date	Payee name						
	09/04/2024		Democrats					
	Amount (\$)							
	\$500.00	4600 Bellai	re Blvd					
	Reimbursement from political contributions							
	X political contributions intended	Bellaire, TX	77401					
	PURPOSE	Category (s	ee Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Contribution	ns/Donations Made By			Check if Austin, TX, officeholder living expense		
Candidate/Officeholder/Political Con				mittee	GOTV initiative			
		Candidate/Office	holder name		Office sought	Office held		
	expenditure to benefit C/OH							
	Date	Payee name						
	08/19/2024	Storyblocks	s.Com					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$389.70	1515 N Cou	urthouse Rd					
Reimbursement from Ste 1000								
	X political contributions intended	Arlington , \	VA 22201					
	PURPOSE		ee Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF			,		Check if Austin, TX, officeholder living expense		
EXPENDITURE		Advertising Expense			Website Commercials			
	Complete ONLY if direct	L	holder name		Office sought	Office held		
	expenditure to benefit		-		 			
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 17/17 Good, Tracy D. (Mr.) 00067613 Date Payee name 07/20/2024 Tru Insight Media LLC 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 6122 Grey Oaks Dr Reimbursement from political contributions intended Х Houston, TX 77050 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Voter research and campaign strategy. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH