CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

| 1 | Filer ID (Ethi | ics Commission Filers) | 2 Total pages filed: | | | 055105.11 | OF ON!! \/ |
|---|-------------------------|--|--------------------------|---|---|--|-----------------------|
| _ | 00067613 | ics Commission i liers) | 2 Total pages filed. | | | OFFICE U | SE ONLY |
| 3 | CANDIDATE / | MS / MRS / MR | FIRST | | MI | Date Received | |
| 3 | OFFICEHOLDER | Mr. | Tracy D. | | IVII | ELECTRONICA 10/08/2024 | LLY FILED |
| | NAME | NICKNAME | LAST | | SUFFIX | 10/06/2024 | |
| | | MORNANIE | Good | | 301117 | | |
| 4 | ORIGINAL | X January 15 | Runoff | Other (s | pecify) | Date Hand-delivered or | Date Postmarked |
| - | REPORT TYPE | July 15 | Exceeded modified | Ш ` | p)) | Receipt # | Amount |
| | | 30th day before election | 15th day after camp | · | | | , anount |
| | | | appointment (office | holder only) | | Date Processed | |
| _ | | 8th day before election | Final Report (Attac | · | | | |
| 5 | ORIGINAL PERIOD COVERED | Month Day Yea | ar THROUGH | Month Day | Year | Date Imaged | |
| _ | | 07/01/2023 | 111100011 | 12/31/2023 | | <u> </u> | |
| 6 | EXPLANATION OF C | | itiaal aynandituraa fran | a noroonal funda far wi | high the filer cou | ight roimhilroomant | oo "Loono" to the |
| | campaign from (Sche | ected a running total of pol dule G). Filer wanted to pro of the Form JC/OH Instruct | ovide the commissions | with a running total of | what to due ba | ck to filer. | |
| 7 | AFFIDAVIT | | I sw | ear, or affirm, under pe | enalty of perjury | , that this corrected | report is true |
| | | | and | correct. | | | |
| | | | Che | ck the box next to any | and all applical | ble statements: | |
| | | | X | Semiannual reports was made in good fa misrepresent the info | aith and without | | |
| | | | X | Other reports: I s report not later than that the report as orig swear, or affirm, that filed was made in go | the 14th busine ginally filed is in any error or on | ss day after the date accurate or incompl | e I learned ete. I |
| | | | | | Mr. Tracy D. | Good | |
| | | | | Signatu | re of Candidate | or Officeholder | |
| | AFFIX NOTARY ST | AMP / SEAL ABOVE | | | | | |
| | Sworn to and subsc | ribed before me, by the sai | d | | , this tl | ne | day |
| | | , 20, to cer | | | | | <u> </u> |
| | Signature of office | er administering oath | Printed name of o | fficer administering oat | th - | Title of officer admin | istering oath |
| | Signature of office | o. administering batti | Timed name of o | oor administering bat | | The or officer duffill | Joseph Galli |

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 11 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tracy D. NAME Date Received **ELECTRONICALLY FILED** 10/08/2024 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 ΜI **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 lx l 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** 07/01/2023 12/31/2023 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 333rd

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 11

| 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 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 | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 |
| | | TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 3) | \$ 0.00 |
| EXPENDITURE TOTALS | ` | IZED POLITICAL EXPENDITURES | 5) | \$ 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 14,429.08 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA | AST DAY OF THE | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING 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 | |
| | | Signature of | Candidate or Officehol | der |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| | | aid | , this the | day |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | |
| Signature of office | 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

| | | | C | OVER SHEET PG 3 4 of 11 |
|-----------|--------|---|----------|-------------------------|
| l | ER NAN | (Ethics Commission Filers) | | |
| l | HEDULI | SUBTOTAL AMOUNT | | |
| NA ——— | ME OF | | | |
| 1. | | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ |
| 4. | X | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ 3,600.00 |
| 5. | | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | | \$ | | |
| 8. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 5,677.04 |
| 9. | X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 8,752.04 |
| 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 TO FILER | RETURNED | \$ |
| | | | | |

| | LOANS (J | UDICIAL) | | | SCHEDULE E(J) | | |
|----|------------------------------------|--|--|--|------------------------------------|--|--|
| | The Instruction | n Guide explains how to complete this 1 | orm. | 1 Total pages Schedule E(J): Sch: 1/2 Rpt: 5/11 | | | |
| 2 | FILER NAME Good, Tracy D. (| (Mr.) | | 3 Filer ID 000676 | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | ITEMIZED LOANS | | l | \$ | | |
| 5 | Date of loan 11/04/2023 | 7 Name of lender out-of-state PA Good, tracy (Mr.) | C (ID#: |) | 9 Loan Amount (\$) \$100.00 | | |
| 6 | Is lender a financial institution? | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate | | |
| | No | katy, TX 77449 | | | 11 Maturity Date 11/05/2024 | | |
| 12 | Lender's Principal | Occupation | 13 Lender's Job Title | | | | |
| | Attorney | | Owner | | | | |
| 14 | Lender's Employer | r/Law Firm | 15 Law Firm of lender's spous | se (if any) | | | |
| | The Good Law F | Firm PLLC | | | | | |
| 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 were deposited 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 Princip | pal Occupation | 24 Guarantor's Job Title | | | | |
| 25 | Guarantor's Emplo | oyer/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 Instruction | n Guide explains how to complete this | form. | 1 Total pages Schedule E(J): Sch: 2/2 Rpt: 6/11 | | | |
| 2 | FILER NAME Good, Tracy D. (| (Mr.) | | 3 Filer ID 000676 | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | ITEMIZED LOANS | | I | \$ | | |
| 5 | Date of loan 12/07/2023 | 7 Name of lender | AC (ID#: |) | 9 Loan Amount (\$) \$3,500.00 | | |
| 6 | Is lender a financial institution? | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate | | |
| | No | katy, TX 77449 | | | 11 Maturity Date 11/05/2024 | | |
| 12 | Lender's Principal | Occupation | 13 Lender's Job Title | | • | | |
| | Attorney | | Owner | | | | |
| 14 | Lender's Employe | r/Law Firm | 15 Law Firm of lender's spous | se (if any) | | | |
| | The Good Law F | Firm, PLLC | | | | | |
| 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 were deposited 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 Princip | pal Occupation | 24 Guarantor's Job Title | | | | |
| 25 | Guarantor's Emplo | oyer/Law Firm | 26 Law Firm of guarantor's spouse (if any) | | | | |
| 27 | If guarantor is child | d, law firm of parent(s) (if any) | • | | | | |
| | | | | | | | |

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | The Insti | ruction Guide explains how | to complete this form. | | , | , |
|-----------------------------|-----------------------------------|--------------------------------|---|---------------------------|------------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| Sch: 1/1 Rpt: 7/11 | Good, Tracy D. (Mr | ·.) | | 00067613 | | |
| 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 Issue | r Paid | | |
| | \$114.31 | 12/03/2023 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Note Bists | | 275 Wyman Street | | | |
| | Vista Prints | | Suite 111 | | | |
| | | | Waltham , MA 02451 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Political Cards | | | |
| X Political | Advertising Expense | | | | | |
| 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 | 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 | | |
| | \$146.73 | 11/05/2023 | | | | |
| PAYEE | (a) Payee name | l | (b) Payee address; | City, | State, | Zip Code |
| | | | 275 Wyman Street | | | |
| | Vista Prints | | Suite 111 | | | |
| | | | Waltham , MA 02451 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Political Cars. | | | |
| 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 | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$5,416.00 | 12/27/2023 | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee address; | City, | State, | Zip Code |
| | | | 533 Austin Hwy | • | | · |
| | Marziana, Stevens, | and | Ste 102-402 | | | |
| | | | San Antonia, TX 78218 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Legal Services, assisting | with primary ch | allenge i | ssues |
| X Political | Legal Services | | | | | |
| 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 | | | | | | |

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E Salaries/N | Expense Wages/Contract Labor | | Travel in D | istrict t of District enter a category not listed above) |
|----------|---|---------------------|--|--|---------------------------------|-------|--------------|---|
| | | | The Instruction Guide explains | how to co | omplete this form. | | | |
| 1 | Total pages Schedule G: | 2 FILER NAM | E | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/3 Rpt: 8/11 | Good, Trac | y D. (Mr.) | | | | 000676 | 513 |
| 4 | Date | 5 Payee name | ; | | | | | |
| | 12/08/2023 | Dent, Alme | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | ; Zip Co | ode | | | |
| | \$200.00 | 7900 Morle | y Street | | | | | |
| | Reimbursement from | | | | | | | |
| | x political contributions intended | Houston, T | X 77061 | | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the top of this sch | nedule) | (b) Description | Ch | eck if trave | el outside of Texas. Complete Schedule T. |
| | OF | 1 | ages/Contract Labor | , | l`´ | Ch | eck if Austi | in, TX, officeholder living expense |
| | EXPENDITURE | | J. | | Getting Petitions | Sig | natures | 5. |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit | | | | Ū | | | |
| | C/OH | | | | | | | |
| | Date | Payee name |) | | | | | |
| | 12/16/2023 | Dent, Alme | da (Miss) | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | |
| | \$50.00 | 7900 Morle | ey Street | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | Houston, T | X 77061 | | | | | |
| | | | | | Description F | 7 01 | | d autoide of Taura Committee Cabradula T |
| | PURPOSE OF | | See Categories listed at the top of this sch | nedule) | Description | = | | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| | EXPENDITURE | Consulting | Expense | | Political Consulta | _ | | |
| | | | | | Folitical Consulta | alioi | i anu S | irategy. |
| _ | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | | Office held |
| | Complete ONLY if direct expenditure to benefit | Carididate/Office | noluei name | | Office Sought | | | Office field |
| | C/OH | | | | | | | |
| | Date | Payee name | 1 | | | | | |
| | 12/09/2023 | Derouesell | | | | | | |
| _ | Amount (\$) | Payee addre | | ; Zip Co | nde | | | |
| | \$50.00 | 1815 Eden | | , Zip Ct | ouc | | | |
| | | 1013 Eden | u Di | | | | | |
| | Reimbursement from political contributions intended | Houston, T | X 77049 | | | | | |
| \vdash | PURPOSE | | | adula) | Description | 7.0 | ook if trave | el outside of Texas. Complete Schedule T. |
| | OF | 1 | See Categories listed at the top of this sch | iedule) | Description | = | | in, TX, officeholder living expense |
| | EXPENDITURE | Salaries/vv | ages/Contract Labor | | Getting Petition S | _ | | |
| | | | | | | o.g. | alaros | |
| | Complete ONLY if direct | Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit | Candidate/Onice | noluci name | | Onice Sought | | | Office field |
| L | C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | mittee Legal Services | Of e Expense Po emorials Expense Pr | oan Repayment/Re ffice Overhead/Re olling Expense rinting Expense alaries/Wages/Con | ntal Expense tract Labor | Trans Trave Trave | sportation E el in District el Out of Dis | raising Expense quipment & Related Expense strict category not listed above) |
|--------------------|--|--|---|---|-----------------------------|-------------------------|---|---|
| | | | tion Guide explains nov | v to complete t | ilis ioilii. | | | |
| 1 | Total pages Schedule G: Sch: 2/3 Rpt: 9/11 | FILER NAME Good, Tracy D. (Mr.) | | | | 3 Filer 000 | ID (E 67613 | thics Commission Filers) |
| 4 | Date | Payee name | | | | 1 | | |
| 4 | 12/09/2023 | Payee name Harris County Democ | rotio Dorty | | | | | |
| | | | | | | | | |
| 6 | Amount (\$) \$2,500.00 | Payee address; City 4619 Lyons Ave, | ; State; Z | Zip Code | | | | |
| | Reimbursement from political contributions intended | Houston, TX 77020 | | | | | | |
| 8 | PURPOSE | Category (See Categories I | sted at the top of this schedul | (b) De | scription [| Check if | travel outsid | de of Texas. Complete Schedule T. |
| | OF EXPENDITURE | ees | | | | Check if | Austin, TX, | officeholder living expense |
| | EXI ENDITORE | | | Ballot | Filing Fee | S | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | lidate/Officeholder name | ? | Offi | ce sought | | 0 | ffice held |
| | Date | Payee name | | | | | | |
| | 12/11/2023 | Kelley, Bette (Ms.) | | | | | | |
| | Amount (\$) | Payee address; City | ; State; Z | Zip Code | | | | |
| | \$75.00 | 12840 Jones Road | | | | | | |
| Reimbursement from | | Apt 1315 | | | | | | |
| | X political contributions intended | Houston, TX 77070 | | | | | | |
| | PURPOSE | Category (See Categories I | sted at the top of this schedul | e) De | scription [| Check if | travel outsid | de of Texas. Complete Schedule T. |
| | OF | Notary Expense | sted at the top of this soriedar | | | = | | officeholder living expense |
| | EXPENDITURE | totally Exponed | | Notary | Expense | _ | | |
| | | | | | • | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | lidate/Officeholder name | 9 | Offi | ce sought | | 0 | ffice held |
| | Date | Payee name | | | | | | |
| | 12/27/2023 | Marziana, Stevens, a | nd Gonzalez, PLLC | | | | | |
| | Amount (\$) | Payee address; City | ; State; Z | Zip Code | | | | |
| | \$5,416.00 | 533 Austin Hwy | | | | | | |
| | Reimbursement from | Ste 102-402 | | | | | | |
| | x political contributions intended | San Antonia, TX 7821 | 8 | | | | | |
| | DUDDOCE | | | Do | a a wine tiana . F | Ob I : if | | de ef Terres - Oceanidate Calcadida T |
| | PURPOSE OF | Category (See Categories I | sted at the top of this schedul | e) De | scription [| | | de of Texas. Complete Schedule T. officeholder living expense |
| | EXPENDITURE | egal Services | | lene I | L Consulatio | | | iefs, candidate |
| | | | | challe | | nio rega | raing bi | ioio, cariaidate |
| | Complete ONLY if direct | lidate/Officeholder name | 9 | Offi | ce sought | | 0 | office held |
| | expenditure to benefit C/OH | | | | _ | | | |
| | О/ОП | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Il Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Polling Ex Printing E Salaries/\ | xpense Nages/Contract Labor | | Travel in I | interest a related Expense t of District enter a category not listed above) |
|----------|---|------------------------------|---|--|---------------------------------------|----------------------|---------------|--|
| | | i | The Instruction Guide explains I | now to co | omplete this form. | _ | | |
| 1 | Total pages Schedule G: | 2 FILER NAME | = | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 3/3 Rpt: 10/11 | Good, Trac | y D. (Mr.) | | | | 000676 | 513 |
| 4 | Date | 5 Payee name | | | | • | | |
| | 12/08/2023 | Studdert, M | lichael (Mr.) | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$200.00 | 1304 Elgin | | | | | | |
| | Reimbursement from | _ | | | | | | |
| | X political contributions intended | Houston, T. | X 77004 | | | | | |
| 8 | PURPOSE | (a) Category (s | ee Categories listed at the top of this sch | edule) | (b) Description | 7 Ch | neck if trave | el outside of Texas. Complete Schedule T. |
| ľ | OF | ' ' ' ' | ages/Contract Labor | Juu.0) | (.,) Decemplish [| = | | in, TX, officeholder living expense |
| | EXPENDITURE | Jaianes/ VV | ages/Contract Labor | | Getting Petition S | - Siar | natures | |
| | | | | | | J.g. | | |
| 9 | Complete ONLY if direct | L Candidate/Office | holder name | | Office sought | | | Office held |
| ľ | expenditure to benefit | ourididato/ omoc | noider name | | emoe sought | | | Cilido Hold |
| | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 11/05/2023 | Vista Prints | i | | | | | |
| | Amount (\$) | Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$146.73 | 275 Wymai | n Street | | | | | |
| | Reimbursement from | Suite 111 | | | | | | |
| | X political contributions intended | Waltham , I | MA 02451 | | | | | |
| | PURPOSE | | | | Description | 7 Ch | and if trave | el outside of Texas. Complete Schedule T. |
| | OF | l | ee Categories listed at the top of this sche | edule) | Description | = | | in, TX, officeholder living expense |
| | EXPENDITURE | Advertising | Expense | | Campaign Mater | ⊒ ial | | |
| | | | | | Campaign water | iai. | | |
| _ | Complete ONLY if direct | <u> </u> Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit | | notes name | | eee eeug | | | C.IIICO IIICIA |
| | C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 12/03/2023 | Vista Prints | ; | | | | | |
| | Amount (\$) | Payee addre | ess; City; State; | Zip Co | ode | | | |
| | \$114.31 | 275 Wymaı | n Street | | | | | |
| | Reimbursement from | Suite 111 | | | | | | |
| | X political contributions intended | Waltham , I | MA 02451 | | | | | |
| \vdash | PURPOSE | | ee Categories listed at the top of this sche | edule) | Description | 7 Ct | neck if trave | el outside of Texas. Complete Schedule T. |
| | OF | Advertising | | cudicy | | = | | in, TX, officeholder living expense |
| | EXPENDITURE | , avortioning | <u> Е</u> хропоо | | Campaign Mater | ial | | |
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| | Complete ONLY if direct | L Candidate/Office | holder name | | Office sought | | | Office held |
| | expenditure to benefit | | | | | | | |
| | C/OH | | | | | | | |
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| OUTSTAN | NDING LOANS | SCHEDULE L | | | | |
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| The Instruction | on Guide explains how to complete this form. | 1 Total pages Schedule L: Sch: 1/1 Rpt: 11/11 | | | | |
| FILER NAME Good, Tracy D. | (Mr.) | 3 Filer ID (Ethics Commission Filers) 00067613 | | | | |
| LENDER INFORMATION | 4 Name of lender Good, tracy | • | | | | |
| | 5 Lender address; City; State; Zip Code | | | | | |
| | katy, TX 77449 | | | | | |
| GUARANTOR INFORMATION | 6 Name of guarantor | | | | | |
| X not applicable | 7 Guarantor address; City; State; Zip Code | | | | | |
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