CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	•	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
0	0067613		25			Date Received	
	ANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
	FFICEHOLDER IAME	Mr.	Tracy D.			10/08/2024	
	, , , , , , , , , , , , , , , , , , , ,	NICKNAME	LAST		SUFFIX	···[
			Good			Date Hand-delivered	or Data Bastmarked
0	RIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered	or Date Postmarked
R	EPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• •		Date Processed	•
_	DICINIAL DEDICE		<u> </u>	<u>, </u>	Veer		
	RIGINAL PERIOD OVERED	1	ar THROUGH	Month Day	Year	Date Imaged	
		02/25/2024		06/30/2024			
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	lowever, per review	edule G). Filer wanted to p of the Form JC/OH Instruc					s for use of Meth
A	FFIDAVIT						
A	FFIDAVIT			ear, or affirm, under p	enalty of perjur	y, that this correcte	ed report is true
A	FFIDAVIT		and	correct.			ed report is true
A	FFIDAVIT		and				ed report is true
A	FFIDAVIT		and	correct.	/ and all applica s: I swear, or aith and without	able statements: r affirm that the ori t an intent to misle	ginal report
A	FFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good f misrepresent the inf	/ and all applica s: I swear, or aith and without ormation contai	able statements: r affirm that the original tan intent to misleadined in the report.	ginal report ad or to
A	FFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good for	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements: r affirm that the original tan intent to misledined in the report. I, that I am filing thises day after the danaccurate or incom	ginal report ad or to s corrected ate I learned nplete. I
A	FFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements: r affirm that the original tan intent to misledined in the report. t, that I am filing thises day after the dinaccurate or incommission in the report	ginal report ad or to s corrected ate I learned nplete. I
A	FFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Mr. Tracy D	able statements: r affirm that the original tan intent to misledined in the report. t, that I am filing thises day after the dinaccurate or incommission in the report	ginal report ad or to s corrected ate I learned nplete. I
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	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good for misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good Signate	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith. Mr. Tracy D ure of Candidate	able statements: r affirm that the original tan intent to misler intent in the report. I, that I am filing this ess day after the dinaccurate or incommission in the report. C. Good e or Officeholder	ginal report ad or to s corrected ate I learned nplete. I ort as originally

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 CANDIDATE / MS / MRS / MR **FIRST** MI **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 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 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 Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 333rd

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 25

Good, Tracy D. (Mr.)		14 Filer ID (00067613	Ethics Commission Filers)				
candidate / officeholder	These expenditures may have been made without t	he candidate's or office	holder's knowledge or				
COMMITTEE TYPE	COMMITTEE NAME						
GENERAL	ENERAL						
	COMMITTEE ADDRESS						
SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
			\$ 0.00				
		S)	\$ 73,250.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS							
4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,965.00				
		AST DAY OF THE	\$ 67,925.79				
		OF THE LAST DAY	\$ 3,600.00				
	Mr.	Tracy D. Good					
	Signature of	Candidate or Officehol	der				
TARY STAMP / SEAL AB	OVE						
		, this the	day				
, 20, to c	ertify which, witness my hand and seal of office.						
er administering oath	Printed name of officer administering oath	Title of officer	administering oath				
	TARY STAMP / SEAL ABeribed before me, by the seribed before me, by the	andidate / officeholder. These expenditures may have been made without tonsent. Candidates and officeholders are required to report this information. COMMITTEE TYPE	This box is for notice of political contributions accepted or political expenditures made by political considicate? officeholder. These expenditures may have been made without the candidates or office consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates on the consent candidates on the consent candidate or consent candidates or consent candidates. COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code. Mr. Tracy D. Good Signature of Candidate or Officehol Signature of Candidate or Officehol CARY STAMP / SEAL ABOVE TARY STAMP / SEAL ABOVE TO COMMITTEE NAME C				

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 4 of 25 **18** FILER NAME 19 Filer ID (Ethics Commission Filers) 00067613 Good, Tracy D. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 73,250.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5,965.00 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instruc	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 5/25
2 FILER NAME Good, Tracy	D. (Mr.)			3 Filer ID (Ethics Commission Filers) 00067613
	5 Full name of contributor	out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
04/25/2024	AZA Law Firm (Ahmad Za	avitsanos and Mensing	3)	\$5,000.00
	Houston, TX 77010			
8 Contributor's P	Principal Occupation		9 Contributor's Job Title	
10 Contributor's e	0 Contributor's employer/law firm			pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if a	any)		
Date	Full name of contributor	Out of ctoto DAC /ID#-		Amount of Contribution (\$)
06/28/2024	Ammons, Rob	out-of-state PAC (ID#:_)	\$5,000.00
00/20/2024	Contributor address; City; S	tate; Zip Code		
	Houston, TX 77006			
Contributor's P	Principal Occupation		Contributor's Job Title	
Attorney			Partner	
	mployer/law firm		Law firm of contributor's s	pouse (if any)
Ammons La				
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 (\$)
05/09/2024	Armstrong Lee and Bake			\$5,000.00
	Contributor address; City; S			
	Houston, TX 77092			
Contributor's P	Principal Occupation		Contributor's Job Title	
Contributor's e	mployer/law firm		Law firm of contributor's s	pouse (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	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/11 Rpt: 6/25
2	FILER NAME Good, Tracy	D. (Mr.)			1	Filer ID (Ethics Commission Filers) 00067613
4	Date 05/06/2024	5 Full name of contributor Aziz, Muhammad6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	10 Contributor's employer/law firm Abraham Watkins Nichols Agosto Aziz & Stogner			oous	e (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/29/2024	Beck Redden LLP Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77010				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/26/2024	Byrd, Cameron	_			\$5,000.00
		Contributor address; City; Houston, TX 77010	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	AZA Law Fir	m				
	If contributor is	s a child, law firm of parent(s) (if	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: 3/11 Rpt: 7/25
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	Date 04/25/2024	5 Full name of contributor Carrigan, Mark6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Evergreen , CO 80439				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10	10 Contributor's employer/law firm Carrigan Law Group P.C			oous	se (if any)	
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/15/2024	Criaco, Adam Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77060		T		
	Attorney	Principal Occupation		Contributor's Job Title Owner		
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Criaco and			Law iiiiii oi continuttoi 3 3	Jou	se (ii aiiy)
		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , , ,	- ,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/04/2024	Daspit, John	_			\$5,000.00
		Contributor address; City;	State; Zip Code		•	
_	Contributor's	Austin, TX 78732 Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссирацоп		Owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Daspit Law F					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		pages Schedule A(J)1 4/11 Rpt: 8/25	1:
2	FILER NAME Good, Tracy	D. (Mr.)			1	ID (Ethics Commissi 37613	ion Filers)
4	Date 05/15/2024	5 Full name of contributor Gibson, Jason6 Contributor address; City;	out-of-state PAC (ID#:		7 Amou	unt of Contribution (\$)	\$1,500.00
		Houston, TX 77018					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Owner			
10		employer/law firm oson PC Law Firm		11 Law firm of contributor's sp	oouse (if a	ny)	
12		s a child, law firm of parent(s) (if	: any)				
12	in continuator i	s a crimu, faw iiiiii or parerii(s) (ii	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	04/25/2024	Hackney, Ryan Contributor address; City;	State; Zip Code				\$1,000.00
		Houston, TX 77006					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Partner			
		employer/law firm		Law firm of contributor's sp	oouse (if a	ny)	
	AZA Law Fir						
	If contributor is	s a child, law firm of parent(s) (i	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	05/15/2024	Hadi, Husein	_				\$1,000.00
		Contributor address; City; Sugar Land, TX 77479	State; Zip Code				
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Owner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if a	ny)	
	The Hadi La	w Firm					
	If contributor is	s a child, law firm of parent(s) (if	any)	•			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/11 Rpt: 9/25
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	Date 04/05/2024	5 Full name of contributor Horowitz, Daniel6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10		employer/law firm prowitz, III PC		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/14/2024	Hunter, Shannon Contributor address; City;	State; Zip Code			\$250.00
	0	Houston, TX 77018		O antilla de ale Title		
	Attorney	Principal Occupation		Contributor's Job Title Director		
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
	Coats Rose			Law mm or contributor 5 of	Jour	se (ii diiy)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
		T			_	
	Date 06/30/2024	Full name of contributor KHAWAJA, OMAR	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$2,500.00
	00/30/2024	Contributor address; City;	State; Zip Code		•	φ2,300.00
	Contributor's	Houston, TX 77024 Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссираціон		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Omar Khawaja		· ·		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/11 Rpt: 10/25
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	Date 04/17/2024	5 Full name of contributor Kherkher, Steve (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	10 Contributor's employer/law firm Kherkher Garcia LLP			11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	03/10/2024	Kretzer, Seth Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			Owner		
		employer/law firm of Seth Kretzer		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	· any)			
	ii contributor i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/23/2024	Mahadass, Rajesh				\$2,500.00
		Contributor address; City; S Houston, TX 77019	State; Zip Code			
	Contributor's F	I		Contributor's Job Title		
	Attorney			Managing Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Paranjpe Ma	ahadass Ruemke LLP ("PMF	R Law")			
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: Sch: 7/11 Rpt: 11/25	
2	FILER NAME Good, Tracy	D. (Mr.)			1	iller ID (Ethics Commission 0067613	Filers)
4	Date 05/31/2024	5 Full name of contributor McLeod, William6 Contributor address; City;	out-of-state PAC (ID#:		7 A	amount of Contribution (\$) \$	1,000.00
		Houton, TX 77044					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	10 Contributor's employer/law firm Law Office of William D. McLeod			11 Law firm of contributor's sp	oouse	(if any)	
12	If contributor is	s a child, law firm of parent(s) (if	f any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	05/02/2024	Moore , Daryl (Mr.) Contributor address; City;	State; Zip Code			\$	1,000.00
		Houston , TX 77098					
		Principal Occupation		Contributor's Job Title			
	Attorney	employer/law firm		Partner		(if a.m.)	
	AZA Law Fir	• •		Law firm of contributor's sp	Jouse	(II dily)	
_		s a child, law firm of parent(s) (if	f any)				
	ii continuator ii	o a orma, raw mm or parom(o) (n					
=	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	06/14/2024	Nigam, Anjali	_				\$500.00
		Contributor address; City; Houston, TX 77019	State; Zip Code				
	Contributor's F	rincipal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	The Nigam L	aw Firm, PLLC					
	If contributor is	s a child, law firm of parent(s) (if	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: 8/11 Rpt: 12/25
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	Date 04/25/2024	5 Full name of contributor Perry, Brent6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77010				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	LO Contributor's employer/law firm Burford Perry LLP 11 Law firm of contributor's s			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)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/25/2024	Shelby , Tim Contributor address; City;	State; Zip Code			\$5,000.00
	0	Spring, TX 77389		I 0		
	Attorney	Principal Occupation		Contributor's Job Title Partner		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	AZA Law Fir			Law iiiii oi continutoi 3 3	Jou	se (ii diiy)
-		s a child, law firm of parent(s) (i	f any)			
		, , , , , , , , , , , , , , , , , , , ,	, ,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	05/15/2024	Sorrels, Randall				\$1,000.00
		Contributor address; City; Houston, TX 77007	State; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Sorrels Law					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	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: 9/11 Rpt: 13/25
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	Date 04/30/2024	5 Full name of contributor Spagnoletti, Marcus6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Principal		
10	Contributor's 6 Spagnoletti I	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) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	04/25/2024	Uddin, Monica Contributor address; City; S	tate; Zip Code		•	\$250.00
		Houston, TX 77006				
		Principal Occupation		Contributor's Job Title		
	Attorney			Partner		
	Contributor's 6 AZA Law	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (if a	anv)			
	ii contributor i	s a crima, law iii ii or parcria(s) (ii c	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	04/19/2024	Ware Jackson Lee Onell	_	·		\$1,000.00
		Contributor address; City; S Houston, TX 77019	tate; Zip Code		•	
-	Contributor's F	Principal Occupation		Contributor's Job Title		
		. [
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	L		

MONE	TARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
The Instr	ruction Guide explains he	ow to complete this t	form.	1	ges Schedule A(J)1 0/11 Rpt: 14/25	L:
2 FILER NAM				I	(Ethics Commissi	on Filers)
Good, Tra				000676		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)			7 Amount	of Contribution (\$)	
02/28/202	Washington , Cherri					\$500.00
	6 Contributor address; City	State; Zip Code				
	Spring, TX 77373					
8 Contributor	s Principal Occupation		9 Contributor's Job Title			
Sales			Sales Manager			
10 Contributor	s employer/law firm		11 Law firm of contributor's s	pouse (if any)		
Brookdale	e Senior Living					
12 If contributo	r is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
03/21/202	Webster, Jason					\$2,500.00
	Contributor address; City:	State; Zip Code				
Contributor'	Spring, TX 77380 s Principal Occupation		Contributor's Job Title			
Attorney			Founder			
Contributor'	s employer/law firm		Law firm of contributor's s	spouse (if any)		
Webster \	/icknair MacLeod					
If contributo	r is a child, law firm of parent(s) (if anv)				
	, , , , , ,	, ,,				
Date	Full name of contributor	out-of-state PAC (ID#:	\	Amount	of Contribution (\$)	
05/16/202		_		Amount	or Contribution (Φ)	\$5,000.00
03/10/202						Ψ5,000.00
	Contributor address; City	State; Zip Code				
	Houston, TX 77017					
Contributor'	s Principal Occupation		Contributor's Job Title			
Contributor'	s employer/law firm		Law firm of contributor's s	pouse (if any)		
If contributo	r is a child, law firm of parent(s) (if any)	<u> </u>			

MONET	SCHEDULE A	(J)1			
The Instru	oction Guide explains how to complete this fo	1	Total pages Schedule A(J)1: Sch: 11/11 Rpt: 15/25		
2 FILER NAME Good, Tracy			1	Filer ID (Ethics Commission 00067613	Filers)
4 Date 04/26/2024	 5 Full name of contributor out-of-state PAC (ID#:_Zavitsano, John 6 Contributor address; City; State; Zip Code Houston, TX 77010 	7	Amount of Contribution (\$) \$	5,000.00	
8 Contributor's		9 Contributor's Job Title	<u>!</u>		
Attorney		Partner			
10 Contributor's AZA LAW F	· · ·	11 Law firm of contributor's sp	ouse	se (if any)	
12 If contributor i	is a child, law firm of parent(s) (if any)				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 1/10 Rpt: 16/25	Good, Tracy D. (Mr.) 00067613					
4	Date	5 Payee name					
	03/04/2024	AB Canvassing LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$541.00	P.O Box 331492,					
		Houston, TX 77033					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Polling Expense					
	_	Check if Austin, TX, officeholder living expense Poll worker pushing campaign material at voting					
		location.					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	06/06/2024	Bank of America					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$91.65	20003 Katy Fwy					
		Katy, TX 77450					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Ordering checks for Campaign account.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF	1					
	Date	Payee name					
	03/11/2024	Dent, Almeda (Miss)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.00	7900 Morley Street					
		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.					
		Check if Austin, TX, officeholder living expense Consultation /Strategy meeting.					
		Consultation / Citalogy modeling.					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
l	Sch: 2/10 Rpt: 17/25	Good, Tracy D. (Mr.) 00067613				
4	Date	5 Payee name				
l	04/26/2024	Dent, Almeda (Miss)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$400.00	7900 Morley Street				
l						
		Houston, TX 77061				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
l		Primary consultation engagement				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
F	Date	Payee name				
	02/27/2024	Deroueselle, Sharon				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$200.00	1815 Edena Dr				
		Houston, TX 77049				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Poll Worker pushing cards for campaign literature.				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	02/28/2024	Paypal				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.94	2211 North 1st Street				
l						
		San Jose, CA 95131				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
l		Electronic payments fees paid during this reporting				
		cycle.				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: Sch: 3/10 Rpt: 18/25 A Date O3/10/2024 5 Payee name Paypal 6 Amount (\$) Fees Conplete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee address; City; State; Zip Code Complete ONLY if direct Schedule F2: San Jose, CA 95131 Amount (\$) Payee address; City; State; Zip Code Complete ONLY if direct Schedule F3: San Jose, CA 95131 Amount (\$) Payee address; City; State; Zip Code Confidence on the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Date O4/107/2024 Amount (\$) Payee address; City; State; Zip Code Schedule Tity; State; Zip Code	,
Sch: 3/10 Rpt: 18/25 Good, Tracy D. (Mr.) 00067613 4 Date O3/10/2024 5 Payee name Paypal 5 Amount (\$) 7 Payee address; City; State; Zip Code \$7.72 2211 North 1st Street \$an Jose, CA 95131 8 PURPOSE OF EXPENDITURE 9 Complete DMLY if direct expenditure to benefit C/OH Date O4/05/2024 Payee name Paypal Amount (\$) Payee name Paypal Payee name Paypal Amount (\$) Payee name Paypal Candidate/Officeholder name Paypal Amount (\$) Payee name Paypal Candidate/Officeholder name Office sought Office held Office held	,
O3/10/2024 Paypal Amount (\$) 7 Payee address; City; State; Zip Code San Jose, CA 95131 Purpose OF EXPENDITURE Candidate/Officeholder name O4/107/2024 Paypal Payee name O4/17/2024 Payee address; City; State; Zip Code San Jose, CA 95131 Office sought Office sought Office sought Office sought Office held Officeholder frame Office sought Officeholder frame of this schedule) Officeholder frame of this schedule Office sought Officeholder frame of this schedule Officeholder frame of this schedule Office sought Officeholder frame of this schedule Office sought Officeholder frame of this schedule Officehol	ting
\$ Amount (\$)	ting
\$7.72 2211 North 1st Street San Jose, CA 95131 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. 9 Complete ONLY if direct expenditure to benefit C/OH Date O4/05/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code San Jose, CA 95131 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if vavien outside of Texas. Complete Schedule T. Check if vavien outside of Texas. Complete Schedule T. Check if vavien outside of Texas. Complete Schedule T. Check if vavien outside of Texas. Complete Schedule T. Check if vavien outside of Texas. Complete Schedule T. Check if vavien TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	ting
San Jose, CA 95131 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if sustain, TX, officeholder living expense Electronic payments fees paid during this report cycle. 9 Complete ONLY if direct expenditure to benefit C/OH Date O4/05/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code San Jose, CA 95131 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder in this proportion Check if Austin, TX, officeholder in this proportion Check if Austin, TX, officeholder in the poortion Check if Austin, TX, officeholder in this proportion Check if Austin, TX, officeholder in this proportion Check if Austin, TX, officeholder in the poortion	ting
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. 9 Complete QNLY if direct expenditure to benefit C/OH Date O4/05/2024 Amount (\$) Payee name Paypal Amount (\$) Payee address; City; State; Zip Code San Jose, CA 95131 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete QNLY if direct expenditure to benefit C/OH Date O4/17/2024 Payee name Paypal Amount (\$) Payee name Paypal Payee address; City; State; Zip Code	ting
Check if travel outside of Texas. Complete Schedule T. Check if dustin, Tx, officeholder living expense Electronic payments fees paid during this report cycle.	ting
Pees Complete ONLY if direct expenditure to benefit C/OH	ting
PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held	ting
Payee name Payenditure to benefit C/OH Payee address; City; State; Zip Code Pare San Jose, CA 95131 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office sought Office held	ung
Date O4/05/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code \$29.39 San Jose, CA 95131 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office sought Office held Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
Date 04/05/2024 Paypal Amount (\$) Payee address; City; State; Zip Code \$29.39 Payee address; City; State; Zip Code \$29.39 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Paypal Amount (\$) Payee address; City; State; Zip Code	
O4/05/2024 Paypal Amount (\$) Payee address; City; State; Zip Code \$29.39 2211 North 1st Street San Jose, CA 95131 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code \$29.39 \$29.39 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Payee name O4/17/2024 Payee address; City; State; Zip Code	
\$29.39	
San Jose, CA 95131 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this reporcycle. Complete ONLY if direct expenditure to benefit C/OH Date O4/17/2024 Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
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PURPOSE OF EXPENDITURE (a) Category Fees (a) Category Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
Fees Complete ONLY if direct expenditure to benefit C/OH Date 04/17/2024 Amount (\$) Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic payments fees paid during this report cycle. Office sought Office held Office held Office held Office held Candidate/Officeholder name Office sought Office held Office held Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
EXPENDITURE Fees Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Date 04/17/2024 Amount (\$) Payee address; City; State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Paypal Amount (\$) Payee address; City; State; Zip Code	tina
Date Payee name 04/17/2024 Paypal Amount (\$) Payee address; City; State; Zip Code	- · · · · · ·
04/17/2024 Paypal Amount (\$) Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code	
\$72.74 2211 North 1st Street	
San Jose, CA 95131	
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 Electronic payments fees paid during this repor	tina
cycle.	uny
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	J
expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 19/25	Good, Tracy D. (Mr.)		00067613
4	Date	5 Payee name		1
	04/23/2024	Paypal		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$72.74	2211 North 1st Street		
		San Jose, CA 95131		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Electronic payments fees paid during this reporting cycle.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
<u>_</u>				
	Date	Payee name		
	04/25/2024	Paypal		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$226.43	2211 North 1st Street		
		San Jose, CA 95131		
	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 Electronic payments fees paid during this reporting
				cycle.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	9	Since rising
	Date	Payee name		
	04/26/2024	Paypal Paypal		
			do	
	Amount (\$) \$144.99	Payee address; City; State; Zip Co 2211 North 1st Street	ue	
	Φ144.99	2211 North 1St Sheet		
		Car 1 04 05101		
		San Jose, CA 95131		
	PURPOSE OF	, ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Electronic payments fees paid during this reporting
				cycle.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			

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: 5/10 Rpt: 20/25	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	04/30/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.99	2211 North 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Electronic payments fees paid during this reporting
		cycle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.39	2211 North 1st Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Electronic payments fees paid during this reporting
		cycle.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/06/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.99	2211 North 1st Street
	φ144.99	ZZII NOTUT ISt Sueet
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Electronic payments fees paid during this reporting
		cycle.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

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: 6/10 Rpt: 21/25	Good, Tracy D. (Mr.) 00067613				
4	Date	5 Payee name				
	05/14/2024	Paypal				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.72	2211 North 1st Street				
		San Jose, CA 95131				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Electronic payments fees paid during this reporting				
		cycle.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	05/15/2024	Paypal				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.78	2211 North 1st Street				
		San Jose, CA 95131				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Electronic payments fees paid during this reporting				
		cycle.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-	Date	Payee name				
	05/31/2024	Paypal				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$29.88	2211 North 1st Street				
	Ψ23.00	ZZII Notul Ist Succt				
		San Jose, CA 95131				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Electronic payments fees paid during this reporting cycle.				
	Complete <u>ONLY</u> 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 Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/10 Rpt: 22/25	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	06/14/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.94	2211 North 1st Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Electronic payments fees paid during this reporting
		cycle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/28/2024	Paypal
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$144.99	2211 North 1st Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Electronic payments fees paid during this reporting
		cycle.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Dove name
	06/30/2024	Payee name Paypal
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.74	2211 North 1st Street
		San Jose, CA 95131
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Electronic payments fees paid during this reporting
		cycle.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services	·		/ages	s/Contract Labor OTHER (enter a category not listed above)					
			The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	3)
	Sch: 8/10 Rpt: 23/25		Good, Tracy	/ D. (Mr.)						00067613		
4	Date	5	Payee name									
	03/21/2024		Paypal									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$72.74		2211 North	1st Street								
			San Jose, C	A 95131								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	Fees	e Categories listed at t	he top of this sched	dule)	(2)	:	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1.663					-		officeholder living		
								Electronic pay	yme	ents fees pa	aid during this reportin	ıg
								cycle.				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	04/22/2024		•	- - - - - - - - - - - - - - - - - - -	nsulting							
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$237.73		229 W 25th	Street								
			Houston , T	X 77008								
_	PURPOSE	(0)					(h)	Description				
	OF	(a)		e Categories listed at t	he top of this sched	dule)	(D)	Description Check if travel of	nutsio	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Consulting E	Expense				=		officeholder living		
								Fundraising C	Con	sultant Fee	S	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									_
	04/25/2024		•	- - - - - - - - - - - - - - - - - - -	nsulting							
	Amount (\$)	\vdash	Payee addres			Zip Co	de					
	\$97.06		229 W 25th	-	Otato,	 ,p						
	Ψ01.00		220 11 2001	31.331								
			Houston , T	V 77000								
	DUDD005	_				-	4.					
	PURPOSE OF	(a) 		e Categories listed at t	he top of this sched	dule)	(b)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Consulting E	-xpense						officeholder living		
								Fundraising C				
								5 -				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/O				-		J -					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 9/10 Rpt: 24/25	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	04/26/2024	Trina Gray Fundraising Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	229 W 25th Street
		Houston , TX 77008
8	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
		Fundraising Consultant Fees.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2024	Trina Gray Fundraising Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.50	229 W 25th Street
		Houston, TX 77008
	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 Fundraising Consultant Fees.
		Tundrasing Consultant I ces.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/07/2024	Trina Gray Fundraising Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.50	229 W 25th Street
	Ψ+00.50	225 W 25th Sheet
		Houston , TX 77008
	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 Fundraising Consultant Fees.
		Fundraising Consultant Fees.
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 10/10 Rpt: 25/25	2 FILER NAME Good, Tracy D. (Mr.) 3 Filer ID (Ethics Commission Filers) 00067613	
4	Date 05/10/2024	5 Payee name Trina Gray Fundraising Consulting	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 229 W 25th Street	
		Houston, TX 77008	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Consultant Fees.	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 05/28/2024	Payee name Trina Gray Fundraising Consulting	
	Amount (\$) \$1,011.45	Payee address; City; State; Zip Code 229 W 25th Street	
		Houston , TX 77008	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Consultant Fees.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date 06/07/2024	Payee name Trina Gray Fundraising Consulting	
	Amount (\$) \$550.00	Payee address; City; State; Zip Code 229 W 25th Street	
		Houston, TX 77008	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Consultant Fees.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	