# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

## FORM JCOR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFIC	E USE ONLY
	00067613		12			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	IICALLY FILED
	OFFICEHOLDER NAME	Mr.	Tracy D.			10/08/2024	
		NICKNAME	LAST		SUFFIX		
			Good			Date Hand-deliver	red or Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (	specify)	Date Hand-deliver	red of Bate 1 ostillarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		X 8th day before election	appointment (office	• • • • • • • • • • • • • • • • • • • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Ye	<u> </u>	Month Day	Year		
J	COVERED	01/26/2024	THROUGH	02/24/2024	i cai	Date Imaged	
_	EXPLANATION OF C			02/24/2024			
		er Section L and Section E s for use of Method #1. I re			w S	,,	
7	AFFIDAVIT			ear, or affirm, under p correct.	penalty of perjui	y, that this corre	ected report is true
7	AFFIDAVIT		and		, , ,		·
7	AFFIDAVIT		and	correct.	y and all applicats: I swear, of aith and withou	able statements: r affirm that the o t an intent to mis	original report slead or to
7	AFFIDAVIT		and	correct.  ck the box next to an  Semiannual report  was made in good f	y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th businginally filed is intentionally and any error or o	able statements: r affirm that the of the an intent to misined in the report, that I am filingless day after the naccurate or inc	original report slead or to t. this corrected adate I learned omplete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the info	y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th businginally filed is intentionally and any error or o	able statements: r affirm that the of t an intent to mis ined in the repor n, that I am filing ess day after the naccurate or inc mission in the re	original report slead or to t. this corrected adate I learned omplete. I
7		AMD / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the int  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g	y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing tiginally filed is at any error or o ood faith.	able statements: r affirm that the of t an intent to mis ined in the repor n, that I am filing ess day after the naccurate or inc mission in the re	original report slead or to rt. this corrected e date I learned omplete. I eport as originally
7		AMP / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the int  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g	y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing tiginally filed is at any error or o ood faith.	able statements: r affirm that the of the an intent to misined in the report, that I am filingless day after the naccurate or incomission in the resolution.  O. Good	original report slead or to rt. this corrected e date I learned omplete. I eport as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g	y and all applicates: I swear, or aith and without formation contates swear, or affirm the 14th busing riginally filed is it any error or ood faith.  Mr. Tracy Eure of Candidate, this	r affirm that the of the an intent to missioned in the report, that I am filing ess day after the naccurate or incomission in the resolution. Good	original report slead or to t. this corrected e date I learned omplete. I eport as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g	y and all applicates: I swear, or aith and without formation contates swear, or affirm the 14th busing riginally filed is it any error or ood faith.  Mr. Tracy Eure of Candidate, this	r affirm that the of the an intent to missioned in the report, that I am filing ess day after the naccurate or incomission in the resolution. Good	original report slead or to t. this corrected e date I learned omplete. I eport as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in g	y and all applicates: I swear, or aith and without formation contates swear, or affirm the 14th busing riginally filed is it any error or ood faith.  Mr. Tracy Eure of Candidate, this	r affirm that the of the an intent to missioned in the report, that I am filing ess day after the naccurate or incomission in the resolution. Good	original report slead or to t. this corrected e date I learned omplete. I eport 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 12 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) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 333

GO TO PAGE 2
www.ethics.state.tx.us

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 12

13 C / OH NAME	Good, Tracy D. (Mr.)		<b>14</b> Filer ID (00067613	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information	the 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		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 310.00		
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 11,473.09		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	<b>\$</b> 640.79		
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			
		Signature of	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		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	JVER SHE	4 of 12
	ER NAN	(Ethics Commis	sion Filers)		
	od, Tra				
l .	HEDUL ME OF	SUBTOTAL AMOUNT			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	310.00	
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	6	\$	4,296.47
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		\$	588.31
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,588.31
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 I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 5/12			
2	FILER NAME Good, Tracy	FILER NAME Good, Tracy D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613			
4	Date 02/01/2024  5 Full name of contributor out-of-state PAC (ID#:) Dacey, Darin  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$10.00				
		Houston , TX 77011							
8		Principal Occupation		9 Contributor's Job Title					
	Academic A	dvisor		Acedemic Advisor					
10	O Contributor's  NA	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) (if	any)						
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)			
	O2/20/2024 Jones, Doris  Contributor address; City; State; Zip Code					\$50.00			
		Houston , TX 77028							
		Principal Occupation		Contributor's Job Title					
	Retired			Retired					
	Contributor's 6	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	any)	1					
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)			
	02/14/2024	King, Robert	Under of state 1 AC (ID#.	)		\$250.00			
	Contributor address; City; State; Zip Code								
	Cambrilanda	New Braunfels, TX 7813	3U 	Constributed a Joh Title					
	Consultant	Principal Occupation		Contributor's Job Title Proprietor					
-	Contributor's employer/law firm  Law firm of contributor's s				יוח	se (if any)			
	na	improyon/law lilli		Law iiiii oi oonanaatoi o o	Jour	o (ii aiiy)			
	If contributor is	s a child, law firm of parent(s) (if	any)	1					

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/12	
Scii. 1/4 Kpt. 0/12	Good, Tracy D. (Mr.) 00067613
4 Date	5 Payee name
02/01/2024	AB Canvassing LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,499.00	P.O Box 331492,
Ψ2,433.00	1.0 Box 001402,
	Houston, TX 77033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Block walking pushing material.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T _
Date	Payee name
02/09/2024	AB Canvassing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	P.O Box 331492,
	Houston, TX 77033
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 TV, officeholder it in a purpose.
	Check if Austin, TX, officeholder living expense  Pushing Cards
	r usining Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/01	
Date	Payee name
02/02/2024	Allied Signs
Amount (\$)	Payee address; City; State; Zip Code
\$135.31	
\$135.31	6820 Harwin Dr.
	Houston, TX 77036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 7/12	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	02/02/2024	Allied Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.19	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
		Printing
		, many
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/05/2024	Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	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
		Printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	02/12/2024	Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	6820 Harwin Dr.
		Houston, TX 77036
	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  Printing
		Fillung
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	0
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 8/12	Good, Tracy D. (Mr.)	00067613
4	Date	5 Payee name	•
	02/15/2024	Allied Signs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$243.56	6820 Harwin Dr.	
		Houston, TX 77036	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Printing Expense	travel outside of Texas. Complete Schedule T.
		Check if A	Austin, TX, officeholder living expense
		Filling	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Payee name	
	02/15/2024	Allied Signs	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.00	6820 Harwin Dr.	
	Ψ100.00	6020 Halvin Di.	
		Houston, TX 77036	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if to	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Printing	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to beriefit C/Or		
	Date	Payee name	
	02/22/2024	Bank of America	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.00	20003 Katy Fwy	
		Katy, TX 77450	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Accounting/Banking	travel outside of Texas. Complete Schedule T.
		☐ ☐ Check if A   Banking F	Austin, TX, officeholder living expense
		Ediking I	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
I			

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/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: 4/4 Rpt: 9/12	Good, Tracy D. (Mr.) 00067613					
4	Date	5 Payee name					
	01/30/2024	Griggs, Edna					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$400.00	6205 MAXROY ST					
		Houston, TX 77091					
8	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.  Check if Austin, TX, officeholder living expense					
		Consulting Canvassing Card Pushing.					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	02/12/2024	Griggs, Edna					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	6205 MAXROY ST					
		Houston, TX 77091					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Meet and Greet Dinner					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/31/2024	Paypal					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$118.41	2211 North 1st Street					
		San Jose, CA 95131					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Tranfer Fees.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<del>1</del>					

## **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 Instruction Guide explains how to complete this form.						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	.)			00067613		
		EXPENI	DITURES	\$		
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
\$351.81	02/16/2024					
(a) Payee name  Allied Signs				City,	State,	Zip Code
(a) Category	of this schodule)	1	tion			
	or tries scriedule)	Printing				
(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	oense	
Candidate/Officeholder	name Offic	e sought		Office held		
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
\$20.00	02/15/2024					
(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
Area 5 Democrats		Ste L				
(a) Category (See Categories listed at the top Membership	of this schedule)	(b) Descrip	tion			
(c) Check if travel outside	of Texas, Complete Schedule T.	<u>'</u>	Check if Austin, TX.	officeholder living ex	nense	
(1)	<u> </u>	e sought		Office held		
(a) Amount Charged \$216.50	(b) Date of Charge 02/19/2024	(c) Date(s)	Credit Card Issue	r Paid		
(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code
		6820 Har	win Dr.			
Allied Signs						
		Houston,	TX 77036			
(a) Category	-£46:bd-d-)	1	tion			
1, ,	of this schedule)	Printing				
(c) Check if travel outside	of Texas. Complete Schedule T.	· [	Check if Austin, TX,	officeholder living exp	oense	
Candidate/Officeholder	name Offic	e sought		Office held		
	2 FILER NAME Good, Tracy D. (Mr Name of final Citi Diamor  (a) Amount Charged \$351.81  (a) Payee name Allied Signs  (a) Category (See Categories listed at the top Printing Expense  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$20.00  (a) Payee name Area 5 Democrats  (a) Category (See Categories listed at the top Membership  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$216.50  (a) Payee name Allied Signs  (a) Category (See Categories listed at the top Printing Expense  (c) Check if travel outside	2 FILER NAME Good, Tracy D. (Mr.)  Name of financial institution Citi Diamond Preferred  (a) Amount Charged \$351.81  (b) Date of Charge \$351.81  O2/16/2024  (a) Payee name Allied Signs  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic  (a) Amount Charged \$20.00  O2/15/2024  (a) Payee name Area 5 Democrats  (a) Category (See Categories listed at the top of this schedule) Membership  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Offic  (a) Amount Charged \$216.50  O2/19/2024  (a) Payee name Allied Signs  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (c) Check if travel outside of Texas. Complete Schedule T. Cancel Charge O2/19/2024	Second   Company   Compa	2 FILER NAME Good, Tracy D. (Mr.)  Name of financial institution Citi Diamond Preferred  (a) Amount Charged \$351.81  (b) Date of Charge \$351.81  (c) Date(s) Credit Card Issue  (d) Payee name Allied Signs  (a) Category (see Categories listed at the top of this schedule) Printing Expense  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue  (b) Payee address; 6820 Harwin Dr.  Houston, TX 77036 (b) Description Printing  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue  (a) Payee name Area 5 Democrats  (b) Payee address; 3800 Spencer Hwy Ste L Pasadena , TX 77504 (c) Category (see Categories listed at the top of this schedule) Membership  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge O2/15/2024  (b) Description Membership  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge S216.50  O2/19/2024  (c) Date(s) Credit Card Issue S216.50  O2/19/2024  (d) Payee address; 6820 Harwin Dr.  Houston, TX 77036  (e) Payee address; 6820 Harwin Dr.  Houston, TX 77036  (f) Description Printing  (g) Check if travel outside of Texas. Complete Schedule T.  Cardidate/Officeholder name  Office sought  (h) Payee address; 6820 Harwin Dr.  Houston, TX 77036  (o) Description Printing  (o) Description Printing  (o) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX.	2 FILER NAME Good, Tracy D. (Mr.)  Name of financial institution Citi Diamond Preferred  (a) Amount Charged \$351.81  (b) Date of Charge \$351.81  (c) Date(s) Credit Card Issuer Paid  (a) Payee name Allied Signs  (b) Date of this schedule) Printing Expense  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, 6820 Harwin Dr.  Houston, TX 77036  (b) Description Printing  Candidate/Officeholder name  (c) Check if vavel outside of Texas. Complete Schedule T.  Candidate/Officeholder of this schedule)  (a) Payee name Area 5 Democrats  (b) Payee address; City, 3800 Spencer Hwy Ste L Pasadena, TX 77504  (a) Category (See Categories) listed at the top of this schedule)  (b) Description Printing  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; City, 3800 Spencer Hwy Ste L Pasadena, TX 77504  (a) Category (b) Description Membership  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  Office held  (a) Amount Charged \$216.50  02/19/2024  (b) Date of Charge \$216.50  02/19/2024  (c) Date(s) Credit Card Issuer Paid  Office held  (a) Amount Charged \$216.50  02/19/2024  (b) Date of Charge \$216.50  02/19/2024  (c) Date(s) Credit Card Issuer Paid  Office held  (d) Amount Charged \$216.50  02/19/2024  (e) Date(s) Credit Card Issuer Paid  (f) Date of Charge \$216.50  02/19/2024  (g) Payee name  Allied Signs  Allied Signs  (houston, TX 77036  (b) Description Printing  Check if Austin, TX, officeholder living expense  (c) Check if Inavel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (c) Check if Inavel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	2 FILER NAME Good, Tracy D. (Mr.)  Name of financial institution Citi Diamond Preferred  (a) Amount Charged \$351.81  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (a) Payee name Allied Signs  (b) Payee address; City, State, 6820 Hanwin Dr.  Houston, TX 77036  (a) Category (See Categories Island at the top of this schedule) Printing Expense  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, 6820 Hanwin Dr.  Houston, TX 77036  (c) Date(s) Credit Card Issuer Paid  (d) Description Printing  (e) Description Printing  (f) Description Printing  (g) Date of Charge (g) Description Area 5 Democrats  (g) Payee address; City, State, 3800 Spencer Hwy Ste L Pasadena, TX 77504  (a) Category (a) Category (b) Description Membership  (c) Check if Iravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Sought Office held  (d) Amount Charged (e) Date of Charge (f) Date of Charge (g) Check if Iravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Sought Office held  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (d) Description Membership  (e) Check if Iravel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Sought Office held  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (d) Payee andress; City, State, 6820 Hanwin Dr.  Houston, TX 77036 (e) Description Printing  (f) Description Printing  (f) Description Printing  (g) Check if Iravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder Iving expense

#### 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 1/2 Rpt: 11/12 Good, Tracy D. (Mr.) 00067613 Date Payee name 02/15/2024 AB Canvassing LLC Payee address; Amount (\$) City; State; Zip Code \$2,500.00 P.O Box 331492, Reimbursement from political contributions Х intended Houston, TX 77033 **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 Salaries/Wages/Contract Labor **EXPENDITURE** Contract Labor for pushing cards at the polling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2024 AB Canvassing LLC Amount (\$) Payee address; State; Zip Code \$3,000.00 P.O Box 331492, Reimbursement from political contributions Х Houston, TX 77033 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 Salaries/Wages/Contract Labor **EXPENDITURE** Contract Labor for pushing cards at the polls. Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2024 Allied Signs Payee address; State; Zip Code Amount (\$) City; \$351.81 6820 Harwin Dr. Reimbursement from Χ political contributions intended Houston, TX 77036 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description

**Printing Expense** 

Candidate/Officeholder name

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Printing

Office sought

Check if Austin, TX, officeholder living expense

Office held

### 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 12/12 Good, Tracy D. (Mr.) 00067613 Date Payee name 02/19/2024 Allied Signs Payee address; Amount (\$) City; State; Zip Code \$216.50 6820 Harwin Dr. Reimbursement from political contributions Х intended Houston, TX 77036 **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 Printing Expense **EXPENDITURE** Printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 Area 5 Democrats Amount (\$) Payee address; City; State; Zip Code \$20.00 3800 Spencer Hwy Ste L Reimbursement from political contributions Χ Pasadena, TX 77504 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 Membership **EXPENDITURE** Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 Community Justice Pac Payee address; City; State; Zip Code Amount (\$) \$500.00 4711 Yoakum Bld Reimbursement from Χ political contributions intended Houston, TX 77006 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH