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 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tracy D. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 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 STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** 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** 09/27/2024 10/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 333

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Good, Tracy D. (Mr.)		14 Filer ID 00067613	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or offic	committees to support the reholder's knowledge or otice of such expenditures.					
Additional Pages							
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE	, , ,	\$ 0.00			
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$ 2,774.00			
EVDENDITUDE	` ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)				
TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 17,847.30			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 44,520.11			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,600.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr	. Tracy D. Good				
			Candidate or Officeho	older			
AFFIX NOT	ΓARY STAMP / SEAL AB0	DVE					
Sworn to and subso	ribed before me, by the s	aid	, this the _	day			
		ertify which, witness my hand and seal of office.		•			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath			
3				3 - 22-1			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C(OVER	SHEET PG 3 3 of 16
	ER NAN ood, Tra	(Ethics (Commission Filers)		
	ME OF	SU	BTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,774.00
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	\$	11,067.52	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,389.89
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,389.89
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/16		
2	FILER NAME Good, Tracy	D. (Mr.)			3	Filer ID (Ethics Commission Filers) 00067613
4	4 Date 10/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Allecia , Pottinger 6 Contributor address; City; State; Zip Code Bellaire, TX 77401					Amount of Contribution (\$) \$100.00
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			attorney		
10	Contributor's e ALP Law Fir	employer/law firm m,		11 Law firm of contributor's sp	oou	se (if any)
12	! 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#:)	Π	Amount of Contribution (\$)
	09/30/2024	Gbenjo, Anne Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77074		I 0		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Gbenjo Law			Law IIIII of Contributor 3 3	Jou.	se (ii aiiy)
		s a child, law firm of parent(s) (i	f anv)			
	oonanaata	o a orma, iam imm or paromi(o) (i	, ,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/14/2024	Gilde, Bradford				\$2,024.00
		Contributor address; City; Houston, TX 77002	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	The Gilde La	aw Firm				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

MONET	ARY POLITICAL C	ONTRIBUTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how t	o complete this form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/16
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Good, Tracy	D. (Mr.)		00067613
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/27/2024	Goldberg, Daniel		\$100.00
	6 Contributor address; City; Stat Houston, TX 77004	e; Zip Code	
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
Attorney	тпора Оссираноп	Attorney	
10 Contributor's 6	omplovor/low firm	11 Law firm of contributor's	c chause (if any)
	g Law Group	11 Law IIIII of Contributors	s spouse (ii arry)
	s a child, law firm of parent(s) (if an))	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2024	Smith, Kim	_	\$50.00
	Contributor address; City; Stat	e; Zip Code	
	Katy, TX 77449	I	
	Principal Occupation	Contributor's Job Title	
Teacher		Teacher	
	employer/law firm	Law firm of contributor's	s spouse (if any)
	ndent School District		
If contributor is	s a child, law firm of parent(s) (if an	/)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	HER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 File	er ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 6/16	Good, Tracy D. (Mr.)	067613
4	Date	5 Payee name	
	10/15/2024	AB Canvassing LLC	
6	Amount (\$) \$1,132.50		
_	BUBBOOF	Houston, TX 77033	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Check if Austin, TX, office Polling Expenses fo	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	10/15/2024	AB Canvassing LLC	
	Amount (\$) \$1,132.50		
		Houston, TX 77033	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Check if Austin, TX, office Polling Expenses for	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	10/21/2024	AB Canvassing LLC	
	Amount (\$) \$404.00	Payee address; City; State; Zip Code P.O Box 331492,	
		Houston, TX 77033	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Check if Austin, TX, office Polling expense ear	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 2/7 Rpt: 7/16	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	10/22/2024	AB Canvassing LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$404.00	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Polling expenses extra worker.
		Tolling expenses extra worker.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	Para a same
	Date	Payee name
	10/09/2024	Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.00	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 yard signs
		yaru sigris
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 10/23/2024	Payee name Allied Signs
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$541.25	6820 Harwin Dr.
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense payment for reorder of push cards.
		payment for reorder or push cards.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations 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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 3/7 Rpt: 8/16	Good, Trac	y D. (Mr.)					00067613				
4	Date	5 Payee name										
	10/04/2024	Allied Signs	i									
6	Amount (\$) \$887.65	7 Payee addre		State; Zip C	ode							
		Houston, T	K 77036									
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description						
	EXPENDITURE	Advertising	Expense			므	, TX,	de of Texas. Com officeholder living ih cards.				
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld			
	Date	Payee name										
	10/21/2024	Bailey, Cyn	thia									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode							
	\$2,000.00	7830 Flintri	dge									
		Houston, T	K 77028		1							
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description		d4.T O	olata Calcadula T			
	EXPENDITURE	Polling Exp	ense			=		de of Texas. Com officeholder living				
						Polling expen						
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld			
	Date	Payee name										
	10/22/2024	Bailey, Cyn	thia									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode							
	\$1,000.00	7830 Flintri	dge									
		Houston, T	K 77028									
	PURPOSE	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Polling Exp	ense					de of Texas. Com				
						Check if Austin, Polling Exper		officeholder living				
						. July Exper	,JC	carry vour	a.			
	Complete ONLY if direct		ceholder name	Office so	l ught			Office he	eld			
L	expenditure to benefit C/OI	H 										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	-	Salaries/N		c/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 9/16	Good, Tracy D. (Mr.)				00067613	
4	Date	5 Payee name					
	10/23/2024	Bailey, Cynthia					
6	Amount (\$) \$350.00	7 Payee address; City;7830 FlintridgeHouston, TX 77028	State; Zip Co	ode			
Ļ	BUBBOOF	-		(a.)			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a Advertising Expense	at the top of this schedule)	(D)	Description Check if travel outside Check if Austin, TX, pushing cards fo	officeholder living	expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ight		Office he	eld
	Date	Payee name					
	10/01/2024	Broussard (joint account v	with Shantel Schurma	an),	Alan		
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$300.00	3915 Hale Street					
		Vidor, TX 77662					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a Polling Expense	at the top of this schedule)	(b)	Description Check if travel outsid Check if Austin, TX, Passing out push	officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	<u>l</u> ught		Office he	eld
	Date	Payee name					
	10/01/2024	Dent, Almeda (Miss)					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$300.00	7900 Morley Street					
		Houston, TX 77061					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a Consulting Expense	at the top of this schedule)	(b)	Description Check if travel outsid Check if Austin, TX, Consultant regar	officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ıght		Office he	eld

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 Lenal 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: 5/7 Rpt: 10/16	Good, Tracy D. (Mr.) 00067613	
4	Date	5 Payee name	
	10/01/2024	Griggs, Edna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	6205 MAXROY ST	
		Houston, TX 77091	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Consulting expenses and passing out push cards	
		Consulting expenses and passing out pash cards	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
F	Date	Payee name	=
	09/27/2024	Paypal	
H	Amount (\$)	Payee address; City; State; Zip Code	-
	\$3.38	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 Paypal fees.	
		i dypai loos.	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	09/30/2024	Paypal	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$14.94	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 Paypal	
		Γαγραί	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	U	
\vdash			_

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cotogony get listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 11/16	Good, Tracy D. (Mr.) 00067613
4	Date	5 Payee name
	10/01/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.94	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
		Paypal Fee.
		Taypari oo.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/14/2024	Paypal
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.98	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 Paypal Fees
		ι αγραίτους
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para and a second secon
	Date 10/02/2024	Payee name
L		Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.38	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 Paypal fees
		raypai lees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overh Polling Expe Printing Expo Salaries/Wag	ead/R nse ense jes/C	Reimbursement Pental Expense ontract Labor • this form.		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FII FR NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 7/7 Rpt: 12/16	_	Good, Tracy D. (Mr.)					00067613	(
4	Date	5	Payee name						
	10/15/2024		Tracy, Good						
6	Amount (\$) \$1,500.00	7	Payee address; City; State 2935 Carrizo Springs Court katy, TX 77449	; Zip Code	9				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Loan Repayment/Reimbursement	nedule) (I		Check if Austin,	, TX, ent		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sough	nt			Office he	eld

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	-		laries/Wages/Contr		THER (enter a categor	ry not listed a	bove)
1 Tatal marras Cabadiula E4		ruction Guide explains how	to complete th	iis iorm.	a Filer ID (Ftbi	aa Cammia	nion Filoro)
1 Total pages Schedule F4:		. 1			3 Filer ID (Ethi 00067613	CS COMMISS	sion Filers)
Sch: 1/2 Rpt: 13/16 4 CREDIT CARD	Good, Tracy D. (Mr	.) ncial institution	Is TOTAL C	OF UNITEMIZED	00007013		
ISSUER		er Bank	EXPEND		\$		
	Discov	ei bailk	CHARGE CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$1,080.00	10/16/2024					
	+= ,000.00						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	JEWISH HERALD-	VOICE	P.O. Box 1	L53			
	JEWISH HERALD-	VOICE					
	(a) Oatawari		Houston, 7				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Advertising Expense		Tivew paper	i Spots			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	oneo	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Check if Austin, 17,	Office held	Jense	
expenditure to benefit C/OH			Ü				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuer	r Paid		
	\$254.37	10/23/2024					
PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Audiogo	210 S Ells	sworth Ave # 16	89			
		San Mateo, CA 94401					
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Radio Spo				
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	ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$55.52	10/19/2024					
DAVEE	(a) Davis a 1		(6) D	-1-1	O.t.	Ot :	7:- 0 1
PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Audiogo		210 S Ells	sworth Ave # 16	89		
			San Mater	o, CA 94401			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Radio spot	ts			
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							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica	al Committee Legal Serv	rices Sa	inting Expense alaries/Wages/Con	tract Labor O1	avel Out of District THER (enter a cate	gory not listed al	oove)
		ruction Guide explains hov	v to complete ti	nis form.			
	es Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 2/2 Rpt: 14/16	Good, Tracy D. (Mr			00067613			
4 CREDIT CARD	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		_		
ISSUER					\$		
	·						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$500.00	10/25/2024					
	\$500.00	10/25/2024					
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code				
	(a) rayee name			4619 Lyons Ave,			
	Harris County Democratic Party		4019 Lyon	is Ave,			
			Houston TV 77020				
0. BURDOOF OF	(a) Category		Houston, TX 77020				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Contribution to the party				
	Contributions/Donation	Contribution to the party					
X Political	Candidate/Officehold	er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT				Credit Card Issuer	r Paid		
	\$1,500.00 10/08/2024		10/11/2024				
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
	Harris County Democratic Party		4619 Lyons Ave,				
			Houston,	TX 77020			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top of this schedule)		contribution	on to party			
X Political	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
Non-Political				Observation TV	-##II-I II II		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T Candidate/Officeholder name Office sought				X, officeholder living expense Office held		
Complete ONLY if direct	Candidate/Officeriolder	name Omc	e sought		Office field		
expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District 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: 15/16 Good, Tracy D. (Mr.) 00067613 Date Payee name 10/19/2024 Audiogo Amount (\$) Payee address; City; State; Zip Code \$55.52 210 S Ellsworth Ave # 1689 Reimbursement from political contributions Х intended San Mateo, CA 94401 **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 Advertising Expense **EXPENDITURE** Internet Advertising spots Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2024 Audiogo Amount (\$) Payee address; City; State; Zip Code \$254.37 210 S Ellsworth Ave # 1689 Reimbursement from political contributions Χ San Mateo, CA 94401 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Internet Advertising Spots Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2024 Harris County Democratic Party State; Zip Code Amount (\$) Payee address; City; \$1,500.00 4619 Lyons Ave, Reimbursement from Χ political contributions intended Houston, TX 77020 **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 Contributions to the Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 16/16 Good, Tracy D. (Mr.) 00067613 Date Payee name 10/25/2024 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$500.00 4619 Lyons Ave, Reimbursement from political contributions Х intended Houston, TX 77020 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Party Contribution. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2024 JEWISH HERALD-VOICE Amount (\$) Payee address; City; State; Zip Code \$1,080.00 P.O. Box 153 Reimbursement from political contributions Χ Houston, TX 77001 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Political Ads in News paper. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH