FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067613 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tracy D. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 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 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 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

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Good, Tracy D. (Mr.)		14 Filer ID (00067613	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	E COMMITTEE NAME						
	GENERAL							
	-	COMMITTEE ADDRESS						
		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)	\$ 1,000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEN		\$ 0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 12,787.24				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LABERIOD	AST DAY OF THE	\$ 37,205.11				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00				
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 NOT	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subsc	cribed before me, by the s	aid	, this the	day				
of	, 20, to 0	ertify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK .	3 of 11
18 FILE			19 Filer ID 00067613	(Ethics C	ommission Filers)
		cy D. (Mr.)	00067613		
l		E SUBTOTALS		SUE	BTOTAL AMOUNT
NAN	ME OF	SCHEDULE			
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,000.00
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 CONTRIBUTION:	6	\$	8,315.00
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		\$	2,236.12
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,236.12
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
The Instru	action Guide explains how to complete this		es Schedule A(J)1: Rpt: 4/11	
2 FILER NAME Good, Tracy			3 Filer ID 0006761	(Ethics Commission Filers)
4 Date 12/03/2024	5 Full name of contributor out-of-state PAC (ID#)		of Contribution (\$) \$1,000.00
	Houston, TX 77010			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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	i: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 1/3 Rpt: 5/11	Good, Tracy D. (Mr.)	00067613						
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·						
10/31/2024	AB Canvassing LLC							
6 Amount (\$)	7 Payee address; City; State; Zip C	Code						
\$88.00	P.O Box 331492,							
	Houston, TX 77033							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF	Polling Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		Check if Austin, TX, officeholder living expense						
		Additional fee for addition of a poll worker						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		ought Office held						
<u>'</u>								
Date	Payee name							
10/30/2024	Bailey, Cynthia							
Amount (\$)	Payee address; City; State; Zip C	Code						
\$1,250.00	7830 Flintridge							
	Houston, TX 77028							
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 3rd Polling expense at various polling locations						
		passing out push cards						
Complete ONLY if direct	Candidate/Officeholder name Office so	pught Office held						
expenditure to benefit C/		difference neta						
Date								
Date 10/29/2024	Payee name							
	Bailey, Cynthia							
Amount (\$)	Payee address; City; State; Zip C	Code						
\$1,348.50	7830 Flintridge							
	Houston, TX 77028							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE	Polling Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		2nd payment Polling expense at various polling						
		locations passing out push cards early voting						
Complete ONLY if direct	Candidate/Officeholder name Office so	Upught Office held						
expenditure to benefit C/		26566						

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 Comr 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/Officeholder/Politica Credit Card Payment						strict category not listed a	bove)				
	·			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/3 Rpt: 6/11		Good, Tracy	D. (Mr.)						00067613		
4	Date	5	Payee name									
	10/28/2024		Bailey, Cynt	hia								
-	Amount (¢)	-	Payee addres		Ctoto:	Zip Co	do					
o	Amount (\$)	ľ	•		State,	Zip Co	ue					
	\$1,348.50		7830 Flintric	ige								
			Houston, TX	77028								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Polling Expe			,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							—		officeholder living		
											se at various p	olling
								locations pas	SII	ig out push	carus	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/15/2024		Good, Tracy	,								
	Amount (\$)	\vdash	Payee addres		Stato:	Zip Co	do					
	, ,		,		·	Zip Co	ue					
	\$3,600.00		2935 Carrizo	o Springs Cour	ι							
			katy, TX 774	149								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ment/Reimburs				=			plete Schedule T.	
	EXI ENDITORE							ш		officeholder living		
								to Tracy Good		eimburseme	nt off loan am	ount due
								to Tracy Cool	u.			
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	11/12/2024		Hightower, F	Robert								
	Amount (\$)	\vdash	Payee addres		State:	Zip Co	de					
	\$340.00		5239 Honey	-	Otato,	2.p 00	uo					
	Ψ040.00		3233 Honey	VIIIC DIIVC								
			Houston, TX	77048								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				ш			plete Schedule T.	
										officeholder living		cian
								2nd Payment	. IUI	the remova	ai oi campaigi	ısıyıı
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	experialitate to beliefft C/OI											

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ı - ıl Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expen Printing Expe	ed/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guide	explains l	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 7/11		Good, Trac	cy D. (Mr.)					00067613	
4	Date	5	Payee name	<u> </u>						
	11/05/2024		Hightower,							
<u>ا</u>	Amount (\$)	7	Payee addre		State:	Zip Code				
ľ	\$340.00	ľ		eyvine Drive	State,	Zip Code				
	φ340.00		3233 110116	yvine Drive						
L			Houston, T	X 77048						
8	PURPOSE	(a)	Category (S	See Categories listed at the to	p of this sch	edule) (b) Description			
	OF EXPENDITURE		Advertising							nplete Schedule T.
									, officeholder living	
							1st payment	101	lile remova	i oi sigris
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sough	t		Office h	eld
l										
l										
l										

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 Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 1/2 Rpt: 8/11	Good, Tracy D. (Mr.)				00067613		
4 CREDIT CARD ISSUER		ncial institution rer Bank	5 TOTAL OF EXPENDIT CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
	\$26.76	11/01/2024					
7 PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
	Audiogo		210 S Ellsw	orth Ave # 16	89		
	San Mateo, CA 94401						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		. 1.202		
<u> </u>	(See Categories listed at the top of this schedule) Advertising Expense				up billing.		
X Political							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.					oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) Amazunt Chavered	(h) Data of Charge	(a) Data(a) Cu	alit Cand Issue	- Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuei	Palu		
	\$300.00	11/18/2024					
PAYEE	(a) Payee name	•	(b) Payee add	ress;	City,	State,	Zip Code
	JEWISH HERALD-VOICE			3			
			Houston, TX 77001				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Thank you to supporters publication in print media				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
	\$156.00	12/01/2024					
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
	A		210 S Ellsw	orth Ave # 16	89		
	Audiogo						
			San Mateo,				
PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule) Internet Padio spot						
l <u> </u>	(See Categories listed at the top of this schedule) Internet Radio spot Advertising Expense						
X Political							
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	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
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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a categor	y not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/2 Rpt: 9/11	Good, Tracy D. (Mr	·.)		00067613			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	er Paid					
	\$503.36	10/31/2024					
7 PAYEE	(a) Payee name Audiogo		(b) Payee address; 210 S Ellsworth Ave # 16 San Mateo, CA 94401	City, 689	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense						
Non-Political	(c) Check if travel outside	, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$1,250.00	12/18/2024					
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
	Aubrey R. Taylor		957 Nasa Parkway 251				
			Houston, TX 77058				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Thank you to supporters publication in print media				
X Political	<u> </u>						
Non-Political		of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 10/11	Good, Tracy D. (Mr.)	00067613
4	Date	5 Payee name	
	11/18/2024	Aubrey R. Taylor Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,250.00	957 Nasa Parkway	
	Reimbursement from	251	
	X political contributions intended	Houston, TX 77058	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Advertising Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		upporters publication in print media
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/01/2024	Audiogo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.76	210 S Ellsworth Ave # 1689	
	Reimbursement from		
	X political contributions intended	San Mateo, CA 94401	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		online internet	radio spots
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/31/2024	Audiogo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$503.36	210 S Ellsworth Ave # 1689	
	Reimbursement from political contributions intended	San Mateo, CA 94401	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
	EM EMBITORE	Internet Radio	spots
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	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 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: 11/11 Good, Tracy D. (Mr.) 00067613 Date Payee name 12/01/2024 Audiogo 6 Amount (\$) Payee address; City; State; Zip Code 210 S Ellsworth Ave # 1689 \$156.00 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 Radio spot -Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/18/2024 JEWISH HERALD-VOICE Amount (\$) Payee address; City; State; Zip Code \$300.00 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** Thank you to supporters publication in print media Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH