#### 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) 00085976 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Tracie M. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Shelby CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 192172 MAILING Receipt # Amount **ADDRESS** Dallas, TX 75219 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Robin T. NAME NICKNAME LAST **SUFFIX** Stevens STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1577 Fiji St. **ADDRESS** (Residence or Business) Dallas, TX 75203 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (870) 413-1307 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place Dallas

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V4.1.0.5dd2ace2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Shelby, Tracie M. (N	s.)	<b>14</b> Filer ID (00085976	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL GENERAL							
	COMMITTEE ADDRESS							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
 16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAN	J PLEDGES, LOANS,					
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00						
	4. TOTAL POLIT		<b>\$</b> 7,713.07					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 61.91				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 112,782.27				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Ms. <sup>-</sup>	Tracie M. Shelby					
			Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subso	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	administering oath				

# **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 16						
<b>18</b> FILER NAM Shelby, Ti	ME racie M. (Ms.)	<b>19</b> Filer ID 00085976	(Ethics Commission Filers)						
20 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT						
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		<b>\$</b> 4,736.39						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 2,076.68						
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		\$ 900.00						
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 4,736.39						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/16			
2	FILER NAME Shelby, Tracie M	1. (Ms.)		3 Filer ID 00085	(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			\$		
5	Date of loan 12/28/2024	7 Name of lender out-of-state PA Shelby, Tracie	C (ID#:		9 Loan Amount (\$) \$4,736.39		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Dallas, TX 75219			11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	<u>L</u>				
17	Description of Coll	ateral	18 Check if personal funds we	ere deposite	d into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
23	X not applicable  Guarantor's Princi	<b>21</b> Guarantor address; City; State;  pal Occupation	Zip Code  Zip Code				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

# 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ldash		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/16	2 FILER NAME Shelby, Tracie M. (Ms.) 3 Filer ID (Ethics Commission Filers) 00085976
Ļ	<u> </u>	
4	Date	5 Payee name
	07/03/2024	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$626.68	PO BOX 660441
		Dallas, TX 75266
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank of America - Business Advantage (6749) - Credit Card Payment
		Credit Gura i dyment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/05/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	PO BOX 660441
	φοσο.σο	1 0 50% 000441
		Dallas, TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Bank of America - Business Advantage (6749) -
		Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/09/2024	Bank of America
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO BOX 660441
	φουυ.υυ	1 0 000 000 000 000
		Dallas, TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Bank of America - Business Advantage (6749) -
		Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political of Credit Card Payment			mmittee	Gift/Awa Legal S	everage Expense ards/Memorials Expense iervices nstruction Guide explair		pens ages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	FII FR NAM	F					3	Filer ID	(Ethics Commission Filers)
-	Sch: 2/2 Rpt: 6/16	-	Shelby, Tra		. (Ms.)					00085976	(
4	Date	5	Payee name	Э							
	11/04/2024		Bank of Ar	nerica							
6	Amount (\$)	7	Payee addre	ess;	City; Sta	te; Zip Co	de				
	\$500.00		РО ВОХ 6	60441							
			Dallas, TX	75266	<b>i</b>						
8	PURPOSE	(a)	Category (	See Categ	gories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Credit Car	d Payn	nent			_		de of Texas. Comp	
								_		officeholder living	<sup>expense</sup> Advantage (6749) -
								Credit Card F			Auvanage (0749) -
Ļ	0 1: 01:11/1/1/1	L	0 11 1 101	c 1 1		0.00					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ricenoio	der name	Office sou	gnt			Office he	ela .
$\vdash$											

#### **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.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)			
Sch: 1/2 Rpt: 7/16	Shelby, Tracie M. (	(Ms.)			00085976					
4 CREDIT CARD ISSUER		ncial institution America	5 TOTAL OF UI EXPENDITUR CHARGED TO CARD	RES	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issue	r Paid					
	\$150.00	10/02/2024								
7 PAYEE	(a) Payee name Texas Trial Lawyers	s Association	(b) Payee address	)	City,	State,	Zip Code			
0. PURPOSE OF	(a) Catagony		Austin, TX 787	01						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Membership F	000						
l <u> </u>	Fees		Wellibership F	CCS						
X Political										
Non-Political	`	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living ex	kpense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issue	r Paid					
TATMENT	\$150.00	08/08/2024	(c) Bate(s) Great	i Gara 155aci	T Calc					
PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code			
	Texas Trial Lawyer	s Association	1220 Colorado	)						
			Austin, TX 787	'01						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	(b) Description  Membership Fees								
Non-Political	() 🗖		<u> </u>							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living ex	kpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought		Office field					
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 09/03/2024	(c) Date(s) Credi	t Card Issue	r Paid					
PAYEE	s Association	(b) Payee address 1220 Colorado Austin, TX 787	)	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership F	ees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX,	officeholder living ex	kpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held						

#### **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 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 (enter a cate)

Candidate/Oniceriolae//Folitica		ruction Guide explains how	to complete th		TTIEN (enter a catego	ily flot ilsted a	bove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/2 Rpt: 8/16	Shelby, Tracie M. (	(Ms.)			00085976		
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$150.00	11/01/2024					
7 PAYEE	(a) Payee name  Texas Trial Lawyers	s Association	(b) Payee a 1220 Colo	rado	City,	State,	Zip Code
	( ) 2		Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
<u></u>	Fees	· · · · · · · · · · · · · · · · · · ·	Membersh	пр гее			
X Political							
Non-Political	(*) <b>–</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	( )	L (1) 2	1/2-//	- " - "			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
	\$150.00	12/02/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Texas Trial Lawyers	s Association	1220 Colo	rado			
			Austin, TX	78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Membersh				
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	pense	
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)	Credit Card Issue	r Paid		
	\$150.00	07/03/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			1220 Colo	rado			
	Texas Trial Lawyers	s Association					
			Austin, TX	78701			
PURPOSE OF	(a) Category	<b>711.</b> 1.1.3	(b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Membersh	nip Fee			
X Political	. 555						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Print	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				
	Credit Card Payment	The Instruction Guide explains how t	o complete this form.				
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 1/7 Rpt: 9/16	Shelby, Tracie M. (Ms.)		00085976			
4	Date	5 Payee name					
	07/22/2024	Bank of America					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
ľ	\$614.00	PO BOX 660441	0000				
	Reimbursement from						
	x political contributions intended	Dallas, TX 75266					
L			1	-			
8	PURPOSE OF	(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			
	EXPENDITURE	Credit Card Payment	L Cook Do	_			
			Card Payment	wards Platinum Plus (8348) - Credit			
_	Operation ONLY if allowed	Constitute (Office health and a res	·	Office hold			
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Date	Payee name					
	09/19/2024	Bank of America					
	Amount (\$)	Payee address; City; State; Zip	Code				
\$600.00 PO BOX 660441							
	Reimbursement from						
	X political contributions intended	Dallas, TX 75266					
			Description F	Obselvičanski pracide of Texas Complete Caberbula T			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Credit Card Payment	B of Δ - Cash Re	- Cash Rewards Platinum Plus (8348) - Credit			
			Card Payment	warde Flatinam Flate (ee 15) Great			
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit	Canada Cinconda Manie	oeo eoug.n	CG. 116.13			
	C/OH						
	Date	Payee name					
	10/23/2024	Bank of America					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$600.00	PO BOX 660441					
	Reimbursement from						
	X political contributions intended	Dallas, TX 75266					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense			
	EXPENDITORE			wards Platinum Plus (8348) - Credit			
			Card Payment				
		Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH						
_							

#### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Credit Card r ayment	The Instruction Guide explains ho	ow to com	plete this form.				
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/7 Rpt: 10/16	Shelby, Tracie M. (Ms.)			00085976			
4	Date	5 Payee name						
	11/20/2024	Bank of America						
6	Amount (\$)		Zip Code					
U	\$500.00	PO BOX 660441	Zip Cout	<del>-</del>				
		PO BOX 000441						
	X Reimbursement from political contributions							
	intended	Dallas, TX 75266						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	lule) (I	o) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Credit Card Payment			Check if Austin, TX, officeholder living expense			
	LXI LINDITORL				wards Platinum Plus (8348) - Credit			
			Ic	Card Payment				
9	Complete ONLY if direct	Candidate/Officeholder name	I	Office sought	Office held			
	expenditure to benefit C/OH							
	С/ОП							
	Date	Payee name						
	12/19/2024	Bank of America						
	Amount (\$)	Payee address; City; State;	Zip Code	<del></del>				
	\$561.33	PO BOX 660441						
	Reimbursement from							
	X   political contributions intended	Dollar TV 75266						
		Dallas, TX 75266						
	PURPOSE OF	Category (See Categories listed at the top of this schedu	lule)	Description	Check if Austin TV, officeholder living sympose			
	EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense				
				8 of A - Cash Re Card Payment	ewards Platinum Plus (8348) - Credit			
		Candidate/Officeholder name		Office sought	Office held			
	expenditure to benefit C/OH							
		İ						
	Date	Payee name						
	10/09/2024	Bank of America						
	Amount (\$)	Payee address; City; State;	Zip Code	Э				
	\$400.00	PO BOX 660441						
	Reimbursement from							
	x political contributions intended	Dallas, TX 75266						
	PURPOSE	Category (See Categories listed at the top of this schedu	lule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Credit Card Payment	,		Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Stour Salar aymoni	B	– Bank of America	Business Advantage (6749) - Credit			
				Card Payment	3- (,,			
	Complete ONLY if direct	Landidate/Officeholder name		Office sought	Office held			
	expenditure to benefit	Callada, Chioriologi Hario		Jinoo Jougin	Since field			
	C/OH							

#### 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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 3/7 Rpt: 11/16 Shelby, Tracie M. (Ms.) 00085976 Date Payee name 11/04/2024 Bank of America Payee address; Amount (\$) City; State; Zip Code \$171.00 PO BOX 660441 Reimbursement from political contributions Х intended Dallas, TX 75266 **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 Fees **EXPENDITURE** Bank of America - Business Advantage (6749) - Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2024 Bank of America Amount (\$) Payee address; City; State; Zip Code \$650.00 PO BOX 660441 Reimbursement from political contributions Χ Dallas, TX 75266 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 Fees **EXPENDITURE** Bank of America - Business Advantage (6749) - Credit Card Payment Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/02/2024 **IContact** Payee address; City; State; Zip Code Amount (\$) \$44.38 2121 RDU Center Dr. Suite 210 Reimbursement from Χ political contributions intended Morrisville, NC 27560 **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 Advertising Expense **EXPENDITURE Email Marketing Software**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

# SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	al Committee Legal Services Salaries/	Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to c	omplete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 12/16	Shelby, Tracie M. (Ms.)	00085976
4	Date	5 Payee name	
	08/02/2024	IContact	
6	Amount (\$)	7 Payee address; City; State; Zip C	ode
	\$44.38	2121 RDU Center Dr.	
	Reimbursement from	Suite 210	
	X political contributions intended	Morrisville, NC 27560	
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	Autoritioning Exponds	Email Marketing Software
9	Complete ONLY if direct	L Candidate/Officeholder name	Office sought Office held
-	expenditure to benefit		g
	C/OH		
	Date	Payee name	
	09/02/2024	IContact	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$44.38	2121 RDU Center Dr.	
	Reimbursement from	Suite 210	
	x political contributions intended	Morrisville, NC 27560	
			T =
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	
			Email Marketing Software
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	10/02/2024	IContact	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$44.38	2121 RDU Center Dr.	
	Reimbursement from	Suite 210	
	X political contributions intended	Morrisville, NC 27560	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Advertising Expense	Check if Austin, TX, officeholder living expense
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	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit	Candidate/Officeholder name	Office sought Office held
		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit	Candidate/Officeholder name	Office sought Office held

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	d/Beverage Expense Polling Expense Awards/Memorials Expense Printing Expense al Services Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
				The Instruction Guide expla	ains how to d	complete this form.				
1	Total pages Schedule G:	2	FILER NAME					Filer ID	(Ethics Commission Filers)	
	Sch: 5/7 Rpt: 13/16		Shelby, Tra	cie M. (Ms.)				00085	5976	
4	Date	5	Payee name							
	11/02/2024		<b>IContact</b>							
6	Amount (\$)	7	Payee addres	ss; City; S	tate; Zip C	Code				
	\$44.38		2121 RDU (	Center Dr.						
	Reimbursement from		Suite 210							
	X political contributions intended		Morrisville, NC 27560							
8	PURPOSE	(a)		ee Categories listed at the top of thi	s schadula)	(b) Description	٦c	heck if trav	vel outside of Texas. Complete Schedule T.	
ľ	OF	(۳)	Advertising		3 Scriculic)	(b) Beschption	=		stin, TX, officeholder living expense	
	EXPENDITURE		ravertising	<u> Е</u> хрепос		Email Marketing	So	ftware		
9	Complete ONLY if direct	Car	ndidate/Officel	nolder name		Office sought			Office held	
	expenditure to benefit C/OH									
F	Date	Ι	Payee name							
	11/02/2024		IContact							
	Amount (\$)	Payee addres	ss; City; S	tate; Zip C	Code					
	\$44.38	\$44.38 2121 RDU Center Dr.								
	Reimbursement from	0.14.040								
	x political contributions intended		Morrisville,	NC 27560						
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	Complete ONLY if direct	Car	ndidate/Officel	nolder name		Office sought			Office held	
	expenditure to benefit C/OH									
	C/OI1									
	Date		Payee name							
	12/02/2024		IContact							
	Amount (\$)		Payee addres	ss; City; S	tate; Zip C	Code				
	\$44.38		2121 RDU (	Center Dr.						
	Reimbursement from		Suite 210							
	X political contributions intended		Morrisville, I	NC 27560						
	PURPOSE		Category (Se	ee Categories listed at the top of thi	s schedule)	Description	_		vel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Advertising	Expense			_		stin, TX, officeholder living expense	
						Email Marketing	So	ftware		
						1				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name		Office sought			Office held	
	C/OH									

# 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		Gift/Awards/Memorials Expe Legal Services  The Instruction Guide	nse F S		kpense /ages/Contract Labor	-	Travel III District Travel Out of District OTHER (enter a category I	not listed above)
1	Total pages Schedule G:	2 FILER	NAME				3 F	Filer ID (Ethics Co	ommission Filers)
	Sch: 6/7 Rpt: 14/16	Shelby	, Tracie M. (Ms.)				(	00085976	
4	Date	<b>5</b> Payee	name						
	07/28/2024	Mail C	himp						
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Co	de			
	\$54.90	405 N	Angier. NE						
	Reimbursement from political contributions intended	Atlanta	a, GA 30308						
8	PURPOSE	(a) Catego	(See Categories listed at the top	of this schedu	ule)	(b) Description	=	eck if travel outside of Texa	·
	OF EXPENDITURE	Advert	ising Expense			L		eck if Austin, TX, officehold	ler living expense
						Email Marketing	Soft	ware	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/	Officeholder name			Office sought		Office he	lld
	Date	Payee	name						
	08/28/2024	Mail C	himp						
	Amount (\$)	Payee	address; City;	State;	Zip Co	de			
	\$54.90	405 N	Angier. NE						
	Reimbursement from								
	X political contributions intended	Atlanta	a, GA 30308						
	PURPOSE	Catego	(See Categories listed at the top	of this schedu	ule)	Description	Che	eck if travel outside of Texa	as. Complete Schedule T.
	OF EXPENDITURE	Adver	ising Expense				Che	eck if Austin, TX, officehold	ler living expense
	-					Email Marketing	Soft	ware	
	Complete ONLY if direct	Candidata	Officeholder name			Office sought		Office he	Id
	Complete ONLY if direct expenditure to benefit	Cariuluale/	Officeriolaer flame			Office Sought		Office fie	iiu
	C/OH								
	Date	Payee	name						
	09/28/2024	Mail C	himp						
	Amount (\$)	Payee	address; City;	State;	Zip Co	de			
	\$54.90	405 N	Angier. NE						
	Reimbursement from political contributions intended	Atlanta	a, GA 30308						
	PURPOSE	Catego	(See Categories listed at the top	of this schedu	ule)	Description	Che	eck if travel outside of Texa	as. Complete Schedule T.
	OF EXPENDITURE	Adver	ising Expense				Che	eck if Austin, TX, officehold	ler living expense
						Email Marketing	Soft	ware	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/	Officeholder name			Office sought		Office he	ld

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Salaries/Wage	se es/Contract Labor	Travel in Di Travel Out o OTHER (en			
		The Instruction Guide	explains now to comp	lete this form.				
1	Total pages Schedule G: Sch: 7/7 Rpt: 15/16	2 FILER NAME Shelby, Tracie M. (Ms.)			3 Filer ID 000859	(Ethics Commission Filers) 76		
4	Date	5 Payee name		·				
	10/28/2024	Mail Chimp						
6	Amount (\$)	7 Payee address; City;	State; Zip Code					
	\$54.90	405 N Angier. NE						
	Reimbursement from political contributions intended	Atlanta, GA 30308						
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 EXPENDITURE	Advertising Expense			Check if Austin	n, TX, officeholder living expense		
	EXPENDITURE		Er	nail Marketing S	Software			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	,	Office sought		Office held		
	Date	Payee name						
	11/28/2024	Mail Chimp						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$54.90	405 N Angier. NE						
	Reimbursement from political contributions intended	Atlanta, GA 30308						
	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				
				Email Marketing Software				
	Complete ONLY if direct	Candidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH							
	Date	Payee name						
	12/28/2024	Mail Chimp						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$54.90	405 N Angier. NE						
	Reimbursement from							
	X political contributions intended	Atlanta, GA 30308						
	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	n, TX, officeholder living expense		
			Er	nail Marketing S	Software			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		Office held		
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OUTSTANDING LOANS				SCHEDULE L				
	The Instruction Guide explains how to complete this form.			Total pages	S Schedule L: Ppt: 16/16			
2	FILER NAME Shelby, Tracie N	A. (Ms.)	3	Filer ID (E	Ethics Commission Filers)			
	LENDER INFORMATION	4 Name of lender Shelby, Roderick  5 Lender address; City; State; Zip Code						
	GUARANTOR	Maumelle, AR 75219  6 Name of guarantor						
	INFORMATION  X not applicable	7 Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender Shelby, Tracie  Lender address; City; State; Zip Code						
	GUARANTOR INFORMATION	DALLAS, TX 75219  Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						