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) 00062860 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tracy A. NAME Date Received **ELECTRONICALLY FILED** 07/07/2025 NICKNAME LAST **SUFFIX** Gilbert CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James O. NAME NICKNAME LAST **SUFFIX** Gilbert **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 541-4864 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 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 District 418 Montgomery

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Gilbert, Tracy A. (The	Honorable)	14 Filer ID 00062860	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a deficeholders 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 ADDRES	SS	
46 CONTRIBUTION	4 TOTAL INSTEAD	ZED DOLLEGAL CONTRIBUTION CONTRIBUTION		
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 1,377.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,467.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 2,009.08
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Tracy A. Gilbe	ert
		Signature of	Candidate or Officehol	lder
AFFIX NOT	ΓARY STAMP / SEAL AΒ	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

COVER SHE										
	ER NAN bert, Tr	acy A. (The Honorable)	19 Filer ID 00062860	(Ethics Commission Filers)						
I	HEDULI ME OF	SUBTOTAL AMOUNT								
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.		SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 1,377.93						
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$							
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 1.41						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 4/12	Gilbert, Tracy A. (The Honorable)	00062860
4	Date	Payee name	'
	02/05/2025	Bentwater Country Club	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	800 Bentwater Drive	
		Montgomery, TX 77356	
8	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	on
	OF EXPENDITURE		f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check it	f Austin, TX, officeholder living expense
		NSRW I	uncheon fee(s)
<u> </u>			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/01/2025	East Montgomery County Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	P.O. Box 292	
		New Caney, TX 77357	
	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	on
	OF EXPENDITURE	1 003	f travel outside of Texas. Complete Schedule T.
			f Austin, TX, officeholder living expense ship dues
		inomiso.	only duod
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/04/2025	H.E.B.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$113.66	2108 North Frazier	
	Ψ110.00	2100 1401011 102101	
		Conroe, TX 77301	
	PURPOSE OF	(b) Description Citt/Awards (Magnerials Evapones	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Ontri Wards/ Wernorials Expense	f Austin, TX, officeholder living expense
		roses	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 2/7 Rpt: 5/12	Gilbert, Tracy A. (The Honorable)	00062860
4	Date	5 Payee name	
	02/10/2025	H.E.B.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.91	2108 North Frazier	
		Conroe, TX 77301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	ent/ wards/wemonals Expense	outside of Texas. Complete Schedule T. I, TX, officeholder living expense
		roses	, 1X, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/17/2025	H.E.B.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.13	2108 North Frazier	
		Conroe, TX 77301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		ı, TX, officeholder living expense
		roses	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide Held
_	Date	Payee name	
	02/19/2025	H.E.B.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.30	2108 North Frazier	
	, , , , ,		
		Conroe, TX 77301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	, <u> </u>	outside of Texas. Complete Schedule T.
	EXPENDITORE		ı, TX, officeholder living expense
		roses	
	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 3/7 Rpt: 6/12	Gilbert, Tracy A. (The Honorable) 00062860
4	Date	5 Payee name
	02/26/2025	H.E.B.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	2108 North Frazier
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense roses
		10363
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	H.E.B.
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.13	2108 North Frazier
		Conroe, TX 77301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		roses
		10303
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	06/17/2025	Heartfield Florist
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.66	1525 Sam Houston Ave.
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		In Memory of Judge Jerry Sandel
_	Commission ONU Wife allows	Condidate Office helder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought 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 Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 4/7 Rpt: 7/12	Gilbert, Tracy A. (The Honorable)		00062860	
4	Date	5 Payee name			
	01/01/2025	Lake Conroe Area Republican Women			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$25.00	P.O. Box 737			
		Montgomery, TX 77356			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	oute	side of Texas. Com	nlata Schadula T
	EXPENDITURE	· · · · · · · —		, officeholder living	
		membership	du	es	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	02/20/2025	Lake Conroe Area Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	P.O. Box 737			
		Montgomery, TX 77356			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE			side of Texas. Com X, officeholder living	
		LCARW lunc			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	01/01/2025	Liberty Belles Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25.00	P.O. Box 1081			
		Conroe, TX 77301			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel		side of Texas. Com	
		Check if Austir membership		K, officeholder living	expense
		membership	au		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	—	Office he	eld
	expenditure to benefit C/O	•		200 110	
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/7 Rpt: 8/12	Gilbert, Tracy A. (The Honorable)		00062860
4 [Date	5 Payee name		•
(02/21/2025	Michael's		
6 /	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$252.01	361 S. Loop 336 W.		
		Conroe, TX 77304		
8	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.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				framing (Certification of Election and Commission)
9 (Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	t Office held
	expenditure to benefit C/O		gni	. Office field
	S-1-			
	Date	Payee name		
	01/01/2025	Montgomery County Republican Women		
/	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$25.00	P.O. Box 1766		
		Conroe, TX 77305		
	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
				membership dues
				·
(Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
•	expenditure to benefit C/O	4		
[Date	Payee name		
(02/27/2025	Montgomery County Republican Women		
,	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$60.00	P.O. Box 1766		
		Conroe, TX 77305		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)) Description
	OF	Event Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				MCRW luncheon fee(s)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	t Office held
	SAPORALIA TO DONOR C/O	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 6/7 Rpt: 9/12	Gilbert, Tracy A. (The Honorable) 00062860
4	Date	5 Payee name
	01/01/2025	North Shore Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	P.O. Box 524
		Willis, TX 77378
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 membership dues
		membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Dayso nama
	01/02/2025	Payee name The Woodlands Penublican Women
L		The Woodlands Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	P.O. Box 7294
		The Woodlands, TX 77387
	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
		membership dues
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	D-t-	
	Date	Payee name The Weedlands Denublican Wersen
	02/18/2025	The Woodlands Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	P.O. Box 7294
		The Woodlands, TX 77387
	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 TWRW luncheon fee(s)
		T VVIVVV IUTICITECITITEC(S)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Lega	Awards/Memorials Ex I Services Instruction Guid			ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above))
1	Total pages Schedule F1: Sch: 7/7 Rpt: 10/12			(The Honora	able)					Filer ID 00062860	(Ethics Commission	Filers)
4	Date 01/21/2025		ee name S. Postal Ser	vice								
6	Amount (\$) \$188.00	94	yee address; 50 Pinecroft e Woodlands	City; s, TX 77380	State;	Zip Cod	e et					
8	PURPOSE OF EXPENDITURE	(a) Cat		tegories listed at the	top of this sched	dule)		<u> </u>		de of Texas. Com officeholder living	plete Schedule T. J expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		didate/Officeho	older name	Of	fice soug	ght			Office he	eld	
	Date 03/13/2025	Yo		nshine Ministr								
	Amount (\$) \$100.00	P.C	yee address; D. Box 2514 nroe, TX 773	City;	State;	Zip Coo	et					
	PURPOSE OF EXPENDITURE	Co	ntributions/D	tegories listed at the conations Mad eholder/Polition	le By				, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/Ol		didate/Officeho	older name	Of	fice soug	jht			Office he	eld	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: '2 Rpt: 11/12						
2	FILER NAME		3	Fil	er ID	ID (Ethics Commission Filers		
	Gilbert, Trac	y A. (The Honorable)		00	00628	360		
4	Date 01/31/2025	 Name of person from whom amount is received Smart Financial Credit Union Address of person from whom amount is received; City; State; Zip Code 				8 Amount (\$)	\$0.32	
		Houston, TX 77292-0719 7 Purpose for which amount is received	oliti	cal	contri	bution returned to filer		
		interest	, onto	cai	COITE	buttor returned to mer		
	Date 02/28/2025	Name of person from whom amount is received Smart Financial Credit Union Address of person from whom amount is received; City; State; Zip Code		••••		Amount (\$)	\$0.25	
		Houston, TX 77292-0719 Purpose for which amount is received	oliti	cal	contri	bution returned to filer		
	Date 03/31/2025	Name of person from whom amount is received Smart Financial Credit Union Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$0.23	
		Houston, TX 77292-0719						
		Purpose for which amount is received	oliti	cal	contri	bution returned to filer		
	Date 04/30/2025	Name of person from whom amount is received Smart Financial Credit Union Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$0.22	
		Houston, TX 77292-0719						
		Purpose for which amount is received	oliti	cal	contri	bution returned to filer		
	Date 05/31/2025	Name of person from whom amount is received Smart Financial Credit Union Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$0.23	
		Houston, TX 77292-0719						
		Purpose for which amount is received Check if purpose for which amount is received	oliti	cal	contri	bution returned to filer		

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gilbert, Tracy A. (The Honorable) 00062860 5 Name of person from whom amount is received 8 Amount (\$) Date 06/30/2025 \$0.16 **Smart Financial Credit Union** 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292-0719 Purpose for which amount is received Check if political contribution returned to filer interest