

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00089847		2 Total pages filed: 14		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ms. Traci A.	MI	ELECTRONICALLY FILED 02/03/2026	
	NICKNAME	LAST Gibson	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	Receipt # _____	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day
	THROUGH				

6 EXPLANATION OF CORRECTION

Corrected cash on hand calculation and added omitted in-kind contribution.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Traci A. Gibson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089847	2 Total pages filed: 14
3 CANDIDATE NAME	MS / MRS / MR Ms.	FIRST Traci A.	MI	OFFICE USE ONLY
	NICKNAME	LAST Gibson	SUFFIX	Date Received ELECTRONICALLY FILED 02/03/2026
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	3262 Westheimer Road #411 Houston, TX 77098			Receipt #
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Tiecia	MI	
	NICKNAME	LAST Ayers	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	8866 Gulf Freeway 170 Houston, TX 77017			
7 CAMPAIGN TREASURER PHONE	AREA CODE (832) 949-6771			PHONE NUMBER EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH-FR)	
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026
10 CONVENTION / ELECTION DATE	Month 03/03/2026	Day	Year	11 OFFICE SOUGHT <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Democrat			COUNTY (If Applicable) Harris

GO TO PAGE 2

STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

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13 CANDIDATE NAME	Gibson, Traci A. (Ms.)		14 Filer ID (Ethics Commission Filers) 00089847												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 1,470.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 6,081.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 237.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 10,404.66												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 47,288.34												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Traci A. Gibson

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SC C/OH

**FORM SC C/OH
COVER SHEET PG 3**

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18 CANDIDATE NAME Gibson, Traci A. (Ms.)		19 Filer ID (Ethics Commission Filers) 00089847
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,081.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,404.66
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 5/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Shelly	7 Amount of Contribution (\$) \$26.00
	6 Contributor address; City; State; Zip Code Houston, TX 77064	
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Aveanna
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archie, Nekketta	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Archie Law PLLC
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayers, Tiecia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Marsha	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Stafford, TX 77477	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Cheryl	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77021	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 6/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Sharon	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Baton Rouge, LA 70816	
8 Principal occupation / Job title (See Instructions) Law Student		9 Employer (See Instructions) Not Employed
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Elizabeth	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77065	
Principal occupation / Job title (See Instructions) Inside Underwriter		Employer (See Instructions) Self
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinwiddie, Shawn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Washington, DC 20010	
Principal occupation / Job title (See Instructions) Law Student		Employer (See Instructions) SULC
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, RoShawn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Activist		Employer (See Instructions) Pure Justice
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Detroit, MI 48221	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) G & G Enterprises Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 7/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halvorson, Steven 6 Contributor address; City; State; Zip Code Pasadena, TX 77506	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooks, Stephanie Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lash Tech		Employer (See Instructions) Gimmelashed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Argentina Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) HillDay
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jacqueline Contributor address; City; State; Zip Code Southfield, MI 48076	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Betty Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 8/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landers, Daniella 6 Contributor address; City; State; Zip Code Peatland, TX 77584	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Womble Bond Dickinson
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, William Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions) William Laws
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Toni Contributor address; City; State; Zip Code houston, TX 77033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) City of Houston
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ashlee Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) GHMP
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redmond, Charis Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Corporate Counsel		Employer (See Instructions) Amazon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 9/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Houston, TX 77044	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Alvaro	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushung, Patrick	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Student Coach		Employer (See Instructions) Houstonisd
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebastien, Alicia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77088	
Principal occupation / Job title (See Instructions) HRIS		Employer (See Instructions) EPIC
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shealey, Alesia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) US Congress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 6/7 Rpt: 10/14
2 FILER NAME Gibson, Traci A. (Ms.)				3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Raisha	7 Amount of Contribution (\$) \$26.00		
	6 Contributor address; City; State; Zip Code Houston, TX 77045			
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) MSFT		
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweet, Sheronda	Amount of Contribution (\$) \$50.00		
	Contributor address; City; State; Zip Code Houston, TX 77096			
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Mondelez international		
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Gion	Amount of Contribution (\$) \$150.00		
	Contributor address; City; State; Zip Code Katy, TX 77493			
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed		
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Amy	Amount of Contribution (\$) \$100.00		
	Contributor address; City; State; Zip Code Houston, TX 77023			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hughes Watters Askanase LLP		
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vines, Angela	Amount of Contribution (\$) \$50.00		
	Contributor address; City; State; Zip Code Houston, TX 77047			
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Memorial Hermann		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 11/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Karla 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) West Houston Mediation
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Courtney Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Research attorney		Employer (See Instructions) Jackson Walker LLP
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, John Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winford, Ashley Contributor address; City; State; Zip Code Jersey Village, TX 77065	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/14
2 FILER NAME Gibson, Traci A. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089847
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 01/12/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jones, Dallas 7 Contributor address; City; State; Zip Code Houston, TX 77004	8 Amount of contribution (\$) 9 In-kind contribution description \$1,000.00 Event Expenses <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Elite Change Inc
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/2 Rpt: 13/14	2 FILER NAME Gibson, Traci A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/04/2026	5 Payee name ActBlue	
6 Amount (\$) \$164.41	7 Payee address; City; 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees 01/01/2026-01/22/2026
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name Harris County Democratic Party	
Amount (\$) \$275.00	Payee address; City; 3302 Canal Street Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name Houston Black American Democrats	
Amount (\$) \$250.00	Payee address; City; P.O. Box 88374 Houston, TX 77288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship/Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/2 Rpt: 14/14	2 FILER NAME Gibson, Traci A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089847
4 Date 01/07/2026	5 Payee name M3 Graphics	
6 Amount (\$) \$7,122.85	7 Payee address; City; 11730 Wilcrest Drive Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/09/2026	Payee name Southwest Black Law Students Association	
Amount (\$) \$1,000.00	Payee address; City; 712 H Street Washington, DC 20002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship/Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name The Iroko Press	
Amount (\$) \$1,355.40	Payee address; City; 5755 Almeda Drive Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Contact Communication
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held