

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Tracie Shelton	OFFICE USE ONLY Date Received 4/4/2024 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Hervey		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 6431 San Antonio TX 78209		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 816-1979		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Nan Burley	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	
	NICKNAME LAST SUFFIX Richie		
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 650 Weatherly Drive Windscrest TX 78239			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 234-2606		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 25 / 2024 THROUGH 03 / 25 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 04 / 2024 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) n/a		13 OFFICE SOUGHT (if known) NEISD SMD 2
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
	COMMITTEE NAME Bexar County Champions for Public Education		
	COMMITTEE ADDRESS PO Box 593158 San Antonio, TX 78259		
	COMMITTEE CAMPAIGN TREASURER NAME Beth Plummer		
COMMITTEE CAMPAIGN TREASURER ADDRESS 11 Nopalito San Antonio TX 78261			

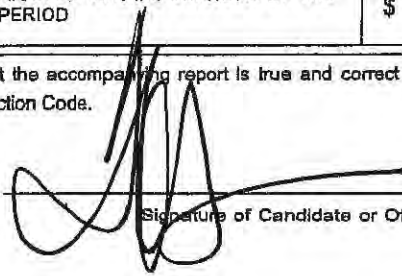
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Tracie Shelton Hervey</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,706⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1625⁶⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5098.13</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1400⁰⁰</u>

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Tracie Shelton Hervey and my date of birth is Aug 7
My address is PO Box 6431 San Antonio TX 78209
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of TX, on the 4 day of April 2024
(month) (year)
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	TRACIE Shelton Hervey	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5146
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 560 ⁰⁰ / _{xx}
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1400 ⁰⁰
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1625 ⁶⁰ / _{xx}
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date 3/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID#) Tammie Ferguson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
11350 Sanmanst San Antonio TX 78216

40⁰⁰/_{xy}

8 Principal occupation / Job title (See Instructions) nutrition manager

9 Employer (See Instructions) NETSD

Date 3/17/2024

Full name of contributor ☐ out-of-state PAC (ID#) Rene Pashall

Amount of contribution (\$)

Contributor address; City; State; Zip Code
89300 Olmstead Pk Converse TX 78109

25⁰⁰/_{xy}

Principal occupation / Job title (See Instructions) retired

Employer (See Instructions)

Date 3/17/2024

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO Box 12345 Austin TX 78712

Principal occupation / Job title (See Instructions)

Employer (See Instructions) ABC

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filer)

4 Date

3/17/2024

5 Full name of contributor

Jelynn Burley

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

50⁰⁰/_{xx}

6 Contributor address; City; State; Zip Code

18903 Calle Cierpa San Antonio TX 78258

8 Principal occupation / Job title (See instructions)

CEO

9 Employer (See instructions)

Center for Health care Src

Date

3/16/2024

Full name of contributor

Deborah Whipple

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address; City; State; Zip Code

524 Devine St San Antonio TX 78210

Principal occupation / Job title (See instructions)

not employed

Employer (See instructions)

Date

3/16/2024

Full name of contributor

Yvonne Clemmons

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address; City; State; Zip Code

6315 Meadow Grove San Antonio TX 78230

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

3/17/2024

Full name of contributor

Carolyn + Rick Sinkfield

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰/_{xx}

Contributor address; City; State; Zip Code

1212 Saltlick New Braunfels TX 78132

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filer)

4 Date

3/14/2024

5 Full name of contributor

☐ out-of-state PAC (ID#)

Bexar County Champions for Public Education PAC

6 Contributor address;

City;

State; Zip Code

PO Box 593158

San Antonio TX 78259

7 Amount of contribution (\$)

1,000 ⁰⁰/_{xy}

8 Principal occupation / Job title (See instructions)

Political Action Committee

9 Employer (See instructions)

Date

3/10/2024

Full name of contributor

☐ out-of-state PAC (ID#)

MORJORIEE M White 221 moha

Contributor address;

City;

State; Zip Code

2411 Olive Way San Antonio TX 78259

Amount of contribution (\$)

25 ⁰⁰/_{xy}

Principal occupation / Job title (See instructions)

Administrator

Employer (See instructions)

City of San Antonio

Date

3/10/2024

Full name of contributor

☐ out-of-state PAC (ID#)

Mattie Brewer

Contributor address;

City;

State; Zip Code

4902 Melvin DR San Antonio TX 78220

Amount of contribution (\$)

5 ⁰⁰/_{xy}

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

3/14/2024

Full name of contributor

☐ out-of-state PAC (ID#)

Cheryl + Randy Bristow

Contributor address;

City;

State; Zip Code

8706 Golden Point San Antonio TX 78239

Amount of contribution (\$)

250 ⁰⁰

Principal occupation / Job title (See instructions)

Business owner

Employer (See instructions)

River City Bonding

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Cummins 6 Contributor address; City; State; Zip Code 5923 Woodridge Rock San Antonio TX 78249	7 Amount of contribution (\$) 100.00 XX
8 Principal occupation / Job title (See Instructions) Union President		9 Employer (See Instructions) Bexar County Federation of Teachers
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Oliver Bruce Contributor address; City; State; Zip Code 1630 E. Houston San Antonio TX 78202	Amount of contribution (\$) 100.00 XX
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-employed
Date 3/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Hamilton Contributor address; City; State; Zip Code 1910 Frances Drake San Antonio TX 78239	Amount of contribution (\$) 100.00 XX
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mentoria Lewis Sherfield Contributor address; City; State; Zip Code 8745 Serene Ridge Drive San Antonio TX 78239	Amount of contribution (\$) 100.00 XX
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/2024

5 Full name of contributor

Jerald + Glenda Anderson

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

100⁰⁰/_{xy}

6 Contributor address;

City;

State; Zip Code

3713 Denison Dam San Antonio TX 78253

8 Principal occupation / Job title (See Instructions)

Life coach + Retired

9 Employer (See Instructions)

self-employed

Date

3/17/2024

Full name of contributor

Shawana Freeman Blair

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

4406 Lakewood Drive San Antonio TX 78220

Principal occupation / Job title (See Instructions)

Grant writer

Employer (See Instructions)

St Philips College

Date

3/10/2024

Full name of contributor

Mary B. Hartshorn

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

449 Wainfield Blvd Winderest TX 78239

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/16/2024

Full name of contributor

Robert Comeaux

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

1810 Oakline DR San Antonio TX 78232

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date 3/15/2024

5 Full name of contributor ☐ out-of-state PAC (ID#)

DORIS Ellison

7 Amount of contribution (\$)

50⁰⁰/_{xx}

6 Contributor address; City; State; Zip Code

6315 Meadow Grove Wadcrest TX 78239

8 Principal occupation / Job title (See instructions)

Retired

9 Employer (See instructions)

Date

3/16/2024

Full name of contributor ☐ out-of-state PAC (ID#)

Robin Dillard

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address; City; State; Zip Code

4142 Briarcrest St San Antonio TX 78247

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

3/17/2024

Full name of contributor ☐ out-of-state PAC (ID#)

John H. Owens

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address; City; State; Zip Code

6718 Lake Cliff San Antonio TX 78244

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

3/17/2024

Full name of contributor ☐ out-of-state PAC (ID#)

Karla D. Broadus

Amount of contribution (\$)

100⁰⁰/_{xx}

Contributor address; City; State; Zip Code

12 Vineyard DR San Antonio TX 78257

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filer)

4 Date

3/16/2024

5 Full name of contributor

Crystal Freeman

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

1,000⁰⁰/_{xy}

6 Contributor address;

City;

State; Zip Code

3606 Stanham St Houston TX 77047

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/17/2024

Full name of contributor

Thelma Andrews

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

125⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

1511 Yosemite Oaks Cir San Antonio TX 78243

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/17/2024

Full name of contributor

Wyndie T. Applewhite

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

200⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

13124 Halle Dawn Schertz TX 78154

Principal occupation / Job title (See Instructions)

Contracting

Employer (See Instructions)

Port San Antonio

Date

3/21/2024

Full name of contributor

Gaynell + Erv Garner

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

7305 Avery Rd Live Oak TX 78233

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filer)
4 Date 3/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DORIS Lowe 6 Contributor address; City; State; Zip Code 4619 Lakewood DR San Antonio TX 78220	7 Amount of contribution (\$) 25⁰⁰/_{xy}
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 3/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria S. Greene Contributor address; City; State; Zip Code 301 Harding PL San Antonio TX 78203	Amount of contribution (\$) 25⁰⁰/_{xy}
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 3/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Bruce Contributor address; City; State; Zip Code 10639 Cross Pln San Antonio TX 78109	Amount of contribution (\$) 25⁰⁰/_{xy}
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 3/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wanda Polk Contributor address; City; State; Zip Code 718 Golf Crest San Antonio TX 78239	Amount of contribution (\$) 25⁰⁰/_{xy}
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/2024

5 Full name of contributor

Daron Dueham

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

25⁰⁰/_{xx}

6 Contributor address;

City;

State;

Zip Code

7918 Deerfield Selma TX 78154

8 Principal occupation / Job title (See instructions)

Retired

9 Employer (See instructions)

Date

3/2/2024

Full name of contributor

Tracie Shelton Hervey

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1⁰⁰/_{xx}

Contributor address;

City;

State;

Zip Code

PO Box 6431 San Antonio TX 78209

Principal occupation / Job title (See instructions)

Business Advisor

Employer (See instructions)

AWS

Date

3/2/2024

Full name of contributor

David Chidgey

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250⁰⁰/_{xx}

Contributor address;

City;

State;

Zip Code

303 Oakleaf San Antonio TX 78249

Principal occupation / Job title (See instructions)

Self

Employer (See instructions)

Self-employed

Date

3/4/2024

Full name of contributor

Nan Richie

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰/_{xx}

Contributor address;

City;

State;

Zip Code

650 Weatherly DR San Antonio TX 78239

Principal occupation / Job title (See instructions)

Insurance

Employer (See instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Crystal Darby 6 Contributor address; City; State; Zip Code 203 Cliff Ave San Antonio TX 78214	7 Amount of contribution (\$) 25 ⁰⁰ / _{xx}
8 Principal occupation / Job title (See instructions) Business Advisor		9 Employer (See instructions) UBA
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deirdre Pothilo Contributor address; City; State; Zip Code 111 Rhinestone Dr San Antonio TX 78233	Amount of contribution (\$) 100 ⁰⁰ / _{xx}
Principal occupation / Job title (See instructions) Project Manager		Employer (See instructions) UTSA
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Garriss Contributor address; City; State; Zip Code 20410 Brightonwood Ln San Antonio TX 78219	Amount of contribution (\$) 25 ⁰⁰ / _{xx}
Principal occupation / Job title (See instructions) Not employed		Employer (See instructions)
Date 3/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Comeaux Contributor address; City; State; Zip Code 3185 Morning Creek San Antonio TX 78247	Amount of contribution (\$) 100 ⁰⁰ / _{xx}
Principal occupation / Job title (See instructions) not employed		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/2024

5 Full name of contributor

Nak Richie

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

200⁰⁰/_{xx}

6 Contributor address;

City;

State; Zip Code

650 Weatherly Dr San Antonio TX 78237

8 Principal occupation / Job title (See Instructions)

Insurance

9 Employer (See Instructions)

Self

Date

3/16/2024

Full name of contributor

Patrick Nuttall

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address;

City;

State; Zip Code

1041 Ivy Lane Terrell Hills TX 78209

Principal occupation / Job title (See Instructions)

customer success mgr

Employer (See Instructions)

The Hartford

Date

3/24/2024

Full name of contributor

Emily New

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50⁰⁰/_{xx}

Contributor address;

City;

State; Zip Code

5634 Brandemere San Antonio TX 78218

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

Date

3/19/2024

Full name of contributor

Ed White

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100⁰⁰/_{xy}

Contributor address;

City;

State; Zip Code

5510 CastleTop San Antonio TX 78218

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Tracie Shelton Hervey</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>560⁰⁰/_{xx}</u>	
5 Date <u>March 8, 2024</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lottie Lockett</u>	8 Amount of Contribution \$ <u>\$ 560⁰⁰</u>	9 In-kind contribution description <u>canvassing platform</u>
7 Contributor address; City; State; Zip Code <u>3846 Hanberry Ln Pearland TX 77584</u>		<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>	
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)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>Tracie Shelton Hervey</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1400⁰⁰_{xx}</u>	
5 Date of loan <u>Feb 26, 2024</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Tracie Shelton Hervey</u>	9 Loan Amount (\$) <u>1400⁰⁰_{xx}</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>PO Box 6431 San Antonio TX 78209</u>	10 Interest rate <u>0%</u>	
		11 Maturity date <u>June 2030</u>	
12 Principal occupation / Job title (See Instructions) <u>Business Adviser</u>		13 Employer (See Instructions) <u>AUS</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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 F1: **4** 2 FILER NAME **Tracie Shelton Hervey** 3 Filer ID (Ethics Commission Filers)

4 Date **MARCH 4, 2024** 5 Payee name **Square Space**

6 Amount (\$) **24 ⁵²/_{xx}** 7 Payee address; City; State; Zip Code
8 Clarkson St New York NY 10014

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Other -** (b) Description **website hosting**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **Feb 26, 2024** Payee name **SquareSpace**

Amount (\$) **12 ⁰⁰/_{xx}** Payee address; City; State; Zip Code
8 Clarkson St New York NY 10014

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Other -** Description **domain Registration**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **MARCH 7, 2024** Payee name **Las Palapas -Walzem**

Amount (\$) **25 ⁰⁰/_{xx}** Payee address; City; State; Zip Code
4802 Walzem Rd Windcrest Tx 78218

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description **Room Rental fee**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Constitutional Expenses Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorabilia 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 F1: 4	2 FILER NAME Tracie Shelton Herve	3 Filer ID (Ethics Commission Filers)
4 Date March 18, 2024	5 Payee name Office Max / Depot #6518	
6 Amount (\$) 49.77	7 Payee address; 255 E. Basse Rd	City; State; Zip Code San Antonio TX 78209
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies (e.g. envelopes, labels)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date March 16, 2024	Payee name Las Palapas - Walzem		
Amount (\$) \$109.35	Payee address; 4802 Walzem Rd	City; State; Zip Code Wunderbrest TX 78218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description appetizers and tea served at Meet + Greet	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date March 21, 2024	Payee name Norton Lewis Printing		
Amount (\$) 351.81	Payee address; 12106 Valliant Street	City; State; Zip Code San Antonio TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description yard signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
Consulting Expense
Conventions/Conferences Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorabilia 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 F1: **4** 2 FILER NAME **Tracie Shelton Hervey** 3 Filer ID (Ethics Commission Filers)

4 Date **MARCH 21, 2024** 5 Payee name **Norton Lewis Printing**

6 Amount (\$) **103.92** 7 Payee address: **12106 Valliant Street** City: **San Antonio** State: **TX** Zip Code: **78216**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Printing expense** (b) Description **stickers (e.g. blue stars Red "Burley")**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **March 22, 2024** Payee name **Norton Lewis Printing**

Amount (\$) **122.80** Payee address: **12106 Valliant Street** City: **San Antonio** State: **TX** Zip Code: **78216**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing expense** Description **push cards**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **MARCH 12, 2024** Payee name **Norton Lewis Printing**

Amount (\$) **703.63** Payee address: **12106 Valliant Street** City: **San Antonio** State: **TX** Zip Code: **78216**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing expense** Description **yard signs**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Posting 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 F1: 4	2 FILER NAME Tracie Shelton Hervey	3 Filer ID (Ethics Commission Filers)
4 Date MARCH 12, 2024	5 Payee name Norton Lewis Printing	
6 Amount (\$) 122.80	7 Payee address; 12106 Valliant City: San Antonio State: TX Zip Code: 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Listed at the top of this schedule) printing expense	(b) Description push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____	
Amount (\$) _____	Payee address; _____ City: _____ State: _____ Zip Code _____	
PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule) _____	Description _____
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date _____	Payee name _____	
Amount (\$) _____	Payee address; _____ City: _____ State: _____ Zip Code _____	
PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule) _____	Description _____
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

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