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July 15 Sth day before election Exceeded Modified Reporting Limit July 15 Sth day before election Exceeded Modified Reporting Limit	
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Month Day Year Primary Runoff Other Description OFFICE OFFICE OFFICE SOUGHT (if known) A NOTICE FROM POLITICAL COMMITTEE ADDRESS THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OFFICE O	Dey Year / 2024
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SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Tracie Shelton	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	s _O -
	TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ 15000
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURE	s	\$ 537.71
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS IN OF REPORTING PERIOD	MAINTAINED AS OF THE LAST (S 3,395 66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O LAST DAY OF THE REPORTING PERI		s 1400°
(1) Affidavit	Please complete e	either option below:	date or Officeholder
NOTARY STAMP/SEA			
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.	this the	day of
Signature of officer administr	ering eath Printed name of officer admi	nistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is		_, and my date of birth is	
My address is	3.		
	(street)	(city) (state	(zip code) (country)
Executed in	County, State of, on the	heday of(month)	, 20 (year)
		Signature of Candidate	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Tracil Shelton 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 150°
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s —
SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	s
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 537 71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s —
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s —
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s —
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s —
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s —
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s —
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	E	3 Filer ID (Ethics Commission Filers)
Date	5_Full name of contributor	7 Amount of contribution (\$)
107	6 Contributor address; City; State; Zip Code	25
	cupation / Job title (See Instructions) R CONSULTARA 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Devrare Pattillo	Amount of contribution (\$)
12/07	Contributor address; City; State; Zip Code	25
Principal occ	supation / Job title (See Instructions) Employer (See Instru Emp	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address: City: State; Zip Code	-
	Contributor address; City; State; Zip Code	

If contributor 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
Candidats/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense graynwards/memonets Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinang Expense Salartes/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel out or presence Other (enter a category not listed above)

adit Card Payment	The Instruction Guide explains how to co		
fotal pages Schedule F1:	2 FILER NAME TRACIC Shelton	Hervey 3	Filer ID (Ethics Commission Filers)
Date 7110	6 Payee name Google		
Amount (\$)	7 Payee address; 1600 Amphykatra Pkwy	Mth View	State; Zip Code CA 94643
PURPOSE OF EXPENDITURE	(a) Category (See Categories Ested at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check If Austin, To	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 7 10	Tuna Hill Finister		
Amount (\$) 500	Payce address; 4903 Hershey SA	City: TY 7822	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Cetegories listed at the top of this achedule) CONSULTING	Consult	2
art artori etta	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	GOOGIC		
Amount (\$)	Payor address; 1400 Amphitheatre	PKWY !	State: Zip Code 14th CA 9443 1111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schadule)	Description 25M	te
	Check If travel cutside of Texas. Complete Schedule T.	Check If Austin, T	X, officeholder living expense
		Office sought	Office held

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/Donatons Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repsymen/Reimburgement Office Overhead/Rental Expense Polling Expense Printing Expense Saturies/Wages/Contract Labor

Soliciation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:	2 FILER NAME Tracic Shutor)	3 Filer ID (Ethics Commission Filers)
Date(D	5 Payee name GOOGIL		X.
Amount (\$)	7 Payee address: 1606 Amphitheatre PKI	ay Utn View	State: Zip Code U CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schadule)	(b) Description (B)	L
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	In, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 9 16	Payee name AC+ Blue		
Amount (\$)	Payee address; 3/do Summer St Som	neeville ;	State: Zip Code AVA 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	donata	on processing
	Check if travel outside of Yexas. Complete Schedule T.	Check if Aust	tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Plate 913	Payee name Google		
Amount (\$)	Payor address; 1600 Amphitheatre P	Kwy mti	State; Zip Gode 2w CA 94443
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description 9 SU	utl
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI FAS NE	EDED

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not (isted above)

Significant allient	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1:	2 FILER NAME TRACIE Shet	On	3 Filer ID (Ethics Commission Filers)
1 Bate	5 Payee name Google		=4).
Amount (5)	7 Payee address; 1600 Amphitheatre F	Kiay City: Htm View	State; Zip Code (A 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	te
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name ACL B/UL		Э.
Amount (\$)	Payee address;	City:	State; Zip Code
580	366 Summers St	Somerville	MA 02144
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	fee	dona	tion processing
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Orandata ONIV if disease	Candidate / Officeholder name	Office sought -	Office held
Complete ONLY if direct			

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:
FILER NAME	Tracie Shelton	3 Filer ID (Ethics Commission Filers)
Date 07	5 Full name of contributor out-of-state PAC (IDW) Device Cattallo 6 Contributor address; City; State; Zip Code 111 Rhinestone DR SATX 79733	7 Amount of contribution (\$)
	P Consultant 9 Employer (See Instructions)	tions)
Date 08 07	Full name of contributor sut-of-state PAC (10#:) Dlurdre Pattill o Contributor address; City; State; Zip Code III RheneStone De SATX 78233	Amount of contribution (S)
	pation / Job title (See Instructions) Employer (See Instruct R Consultant	ions)
Date 9 07	Full name of contributor out-of-state PAC (ID#:) Deur arc Pattillo Contributor address; City; State; Zip Code III Rhune Stane De SATX 78233	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Deur dre Pattillo Contributor address; City: State; Zip Code III Rhune Stane D2 Stax 78033	Amount of contribution (\$)
Principal occup	tR CONSULTANT Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	