

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: 27	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tracie Shelton	MI	OFFICE USE ONLY Date Received 4/27/2024	
	NICKNAME	LAST HERVEY	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS 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 Nan Burley	MI	Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME	LAST Richie	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 650 Weatherly Drive Windcrest, TX 78239				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(512) 234-2606				
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)				
	☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	03 / 26 / 2024		THROUGH 04 / 24 / 2024		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	☐ Primary ☐ Runoff ☐ Other Description ☐ General ☒ Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	n/a		NEISD SMD 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	☐ GENERAL	COMMITTEE ADDRESS			
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

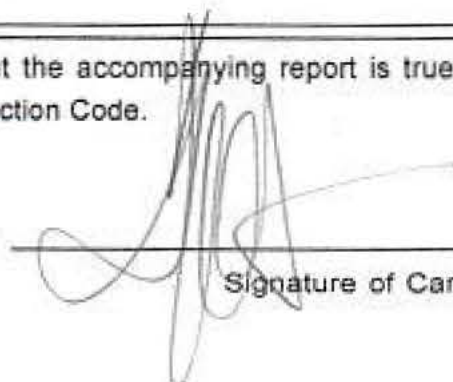
GO TO PAGE 2

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)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7936 ⁰⁰ / _{xy}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 5890 ¹⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3405 ³⁶ / _{xy}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1400 ⁰⁰ / _{xy}

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 [REDACTED]

My address is PO Box 6431, San Antonio, TX, 78209

Executed in Bexar County, State of TX, on the 26 day of April, 20 24

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7906 ⁰⁰ / ₁₀₀
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 30 ⁰⁰ / ₁₀₀
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	SCHEDULE E: LOANS	\$ 1400 ⁰⁰ / ₁₀₀
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5890 ¹⁷ / ₁₀₀
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	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: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Amela Breidenstein	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 218 Northridge SA TX 78209		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Trinity
Date 4/21/24	Full name of contributor ☐ out-of-state PAC (ID#: Leticia Breshahan	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7807 Broadway #1005 SA TX 78209		
Principal occupation / Job title (See Instructions) director		Employer (See Instructions) UTHealthScience
Date 4/22/24	Full name of contributor ☐ out-of-state PAC (ID#: Pamela Issacs	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1324 Tractor Pass Schertz TX 78154		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 4/22/24	Full name of contributor ☐ out-of-state PAC (ID#: Paula Miles	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6323 Lakewood Pk SA TX 78239		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Deirdre Patillo	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 111 Rhinestone Dr SA TX 78233		
8 Principal occupation / Job title (See Instructions) Project manager		9 Employer (See Instructions) WUSA
Date 4/9/24	Full name of contributor ☐ out-of-state PAC (ID#: Thomas Dukes	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 512 Rithman Rd SA TX 78209		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 4/11/24	Full name of contributor ☐ out-of-state PAC (ID#: Linda Comeaux	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3185 Morningcreek SA TX 78247		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 4/11/24	Full name of contributor ☐ out-of-state PAC (ID#: Ja Rai Williams	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 22815 Evangeline SA TX 78258		
Principal occupation / Job title (See Instructions) military officer		Employer (See Instructions) USAF
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Monica Bradley 6 Contributor address; City; State; Zip Code 16407 Pozpaise Ct Crosby TX 77532	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) human resource mgr		9 Employer (See Instructions)
Date 4/6/24	Full name of contributor ☐ out-of-state PAC (ID#: Linda Howerton Contributor address; City; State; Zip Code 3944 Monteverde SA TX 78241	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/6/24	Full name of contributor ☐ out-of-state PAC (ID#: Crystal Darby Contributor address; City; State; Zip Code 203 Cliffe Ave SA TX 78214	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 4/6/24	Full name of contributor ☐ out-of-state PAC (ID#: Melody Davis Contributor address; City; State; Zip Code 8134 Pioneer Hills Converse TX 78109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) NA
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 3/27	5 Full name of contributor ☐ out-of-state PAC (ID#: Gaynell Gainer 6 Contributor address; City; State; Zip Code 7305 AVERY LiveOak TX 78233	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/27	Full name of contributor ☐ out-of-state PAC (ID#: Terri Chidgey Campaign Fund Contributor address; City; State; Zip Code 24710 Gardenway SA TX 78260	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27	Full name of contributor ☐ out-of-state PAC (ID#: Bexar County Federation of Teachers PAC Contributor address; City; State; Zip Code 10615 Peeren Beitel Ste 203 SATX 78217	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27	Full name of contributor ☐ out-of-state PAC (ID#: Raye Adkins Contributor address; City; State; Zip Code 21469 Water Wood Garden Ridge TX 78260	Amount of contribution (\$) 50
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

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2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/6	5 Full name of contributor ☐ out-of-state PAC (ID#: Patsy Newborn 6 Contributor address; City; State; Zip Code 23602 Northwood SA TX 78239	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 4/6	Full name of contributor ☐ out-of-state PAC (ID#: Candace Peterson Contributor address; City; State; Zip Code 7403 Castle Wood SA TX 78216	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/6	Full name of contributor ☐ out-of-state PAC (ID#: Wynette Keller Contributor address; City; State; Zip Code 211 Sheffield Pl SA TX 78213	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) counselor		Employer (See Instructions)
Date 4/10	Full name of contributor ☐ out-of-state PAC (ID#: Sandra Hughey Contributor address; City; State; Zip Code 3430 Hunters Stand SA TX 78230	Amount of contribution (\$) 250
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME: Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date: 4/13	5 Full name of contributor: Annette Harris Burleson ☐ out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code: 6315 Cypress Creek Wadsworth TX 78239	7 Amount of contribution (\$): 100
8 Principal occupation / Job title (See Instructions): retired		9 Employer (See Instructions)
Date: 4/20	Full name of contributor: Katherine Peery ☐ out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 7102 Delaine Park Schertz TX 78154	Amount of contribution (\$): 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 4/20	Full name of contributor: Melissa Poile ☐ out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 27220 Highland Crest SATX 78260	Amount of contribution (\$): 20
Principal occupation / Job title (See Instructions): PMD MRC		Employer (See Instructions)
Date: 4/20	Full name of contributor: Renee Kelley ☐ out-of-state PAC (ID#): Contributor address; City; State; Zip Code: 12813 Housoway Lake SATX 78253	Amount of contribution (\$): 20
Principal occupation / Job title (See Instructions): retired		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/9	5 Full name of contributor ☐ out-of-state PAC (ID#: Margaret Rogers 6 Contributor address; City; State; Zip Code 703 Wudgrove SA TX 78258	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 4/6	Full name of contributor ☐ out-of-state PAC (ID#: Virginia Brown Contributor address; City; State; Zip Code PO Box 381026 Duncanville TX	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) customer service		Employer (See Instructions) Van Cleve
Date 4/12	Full name of contributor ☐ out-of-state PAC (ID#: Bullie Wilson Contributor address; City; State; Zip Code 1413 E Crockett SA TX 78202	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/12	Full name of contributor ☐ out-of-state PAC (ID#: Bexar County Champions for Public Ed Contributor address; City; State; Zip Code PO Box 593158 SA TX 78259	Amount of contribution (\$) 500
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/20	5 Full name of contributor ☐ out-of-state PAC (ID#: Frankie Johnson	7 Amount of contribution (\$) 20
6 Contributor address; City; State; Zip Code 417 White Tail Schertz TX 78151		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Joy Brown	Amount of contribution (\$) 6
Contributor address; City; State; Zip Code 6518 Echo Forest SATX 78239		
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions) fusion staff
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Linda Smith	Amount of contribution (\$) 5
Contributor address; City; State; Zip Code 9731 Morningfield SATX 78250		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Karmine-Tia Greer	Amount of contribution (\$) 5
Contributor address; City; State; Zip Code 16735 LaCantera Pkw SA TX 78256		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tracie Shelton Herve		3 Filer ID (Ethics Commission Filers)
4 Date 4/20	5 Full name of contributor ☐ out-of-state PAC (ID#: Shirley Plummer 6 Contributor address; City; State; Zip Code 3452 Chateau Dr SA TX 78217	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Gwendolyn Logan Contributor address; City; State; Zip Code 26514 Forest Ln New Braunfels 78132	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Barbara Hawkins Contributor address; City; State; Zip Code PO Box 18659 SA TX 78218	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions) elected official		Employer (See Instructions) State of Texas
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Patrick Jones Contributor address; City; State; Zip Code 503 Corliss SA TX 78220	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) pastor		Employer (See Instructions) Greater Pilgrim

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/20	5 Full name of contributor ☐ out-of-state PAC (ID#) Charlotte Toubert	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 2438 Planter View Ln Moody TX 77459		
8 Principal occupation / Job title (See Instructions) nurse		9 Employer (See Instructions) MEDVAMC
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#) Lorna Ellis	Amount of contribution (\$) 40
Contributor address; City; State; Zip Code 2714 Laguna Pointe Peadar TX 77459		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) WVUMC
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#) Barbara Guedry	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 5422 Rue Houston TX 77033		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#) Sarah Williams	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 13811 Tahoe Vista SATX 78253		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) UIW
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/20	5 Full name of contributor ☐ out-of-state PAC (ID#: Sathedia Bush 6 Contributor address; City; State; Zip Code 21811 Roan Bluff SA TX 78259	7 Amount of contribution (\$) 5
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20	Full name of contributor ☐ out-of-state PAC (ID#: Kuth Toney Contributor address; City; State; Zip Code 7715 Oakhill Park SA TX 78259	Amount of contribution (\$) 40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/23	Full name of contributor ☐ out-of-state PAC (ID#: Richard Aguilar Contributor address; City; State; Zip Code 14919 Enchanted Castle SA TX 78247	Amount of contribution (\$) 20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/23	Full name of contributor ☐ out-of-state PAC (ID#: Linda Johnson Contributor address; City; State; Zip Code PO Box 140686 Anchorage AK 99514	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME: Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date: 4/20/24	5 Full name of contributor: Linda Nance ☐ out-of-state PAC (ID#): 6 Contributor address: 2942 Lakeland SA TX 78222 City: State: Zip Code	7 Amount of contribution (\$): 50.00
8 Principal occupation / Job title (See Instructions): Retired		9 Employer (See Instructions)
Date: 3/27/24	Full name of contributor: Lanita Wutshire ☐ out-of-state PAC (ID#): Contributor address: 2730 Northland Dr SA TX 78217 City: State: Zip Code	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions): Sales		Employer (See Instructions)
Date: 3/28/24	Full name of contributor: John Dwens ☐ out-of-state PAC (ID#): Contributor address: 6718 Lake City SA TX 78244 City: State: Zip Code	Amount of contribution (\$): 50.00
Principal occupation / Job title (See Instructions):		Employer (See Instructions)
Date: 3/28/24	Full name of contributor: Darlene Jones ☐ out-of-state PAC (ID#): Contributor address: 12439 Hartcliff SA TX 78249 City: State: Zip Code	Amount of contribution (\$): 25.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Mark Davis	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code 8134 Pioneer Hills Converse TX 78109		
8 Principal occupation / Job title (See Instructions) medicure		9 Employer (See Instructions) N Austin Med
Date 4/6/24	Full name of contributor ☐ out-of-state PAC (ID#: Rebecca Cramer	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 4731 La Puma Ct Camarillo CA 93012		
Principal occupation / Job title (See Instructions) trustee		Employer (See Instructions) pleasant valley schl board
Date 4/24/24	Full name of contributor ☐ out-of-state PAC (ID#: Simon L Scott Walker	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 933 South St Needham MA 02492		
Principal occupation / Job title (See Instructions) human resources		Employer (See Instructions)
Date 4/24/24	Full name of contributor ☐ out-of-state PAC (ID#: Cynthia McIntyre	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 5902 Winterhaven SA TX 78239		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) UDW
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

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2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Janet Ray	7 Amount of contribution (\$) 200 ⁰⁰
6 Contributor address; City; State; Zip Code 105 Osiana DR SA TX 78248		
8 Principal occupation / Job title (See Instructions) training consultant		9 Employer (See Instructions) Nationwide
Date 4/23/24	Full name of contributor ☐ out-of-state PAC (ID#: Lataya Hawkins	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 863 Fawnway SA TX 78260		
Principal occupation / Job title (See Instructions) social wr		Employer (See Instructions) US Army
Date 4/8/24	Full name of contributor ☐ out-of-state PAC (ID#: Nikki Polk	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 7818 Vandy Hill SA TX 78256		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) BISD
Date 4/8/24	Full name of contributor ☐ out-of-state PAC (ID#: Tracy Watts	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 108 Round up Dr SA TX 78213		
Principal occupation / Job title (See Instructions) marketing dir		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: 18

2 FILER NAME

Tracie Shelton Hervey

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/24

5 Full name of contributor

KanDace Brock

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

11907 Willacy Trail SA TX 78253

8 Principal occupation / Job title (See Instructions)

pastor

9 Employer (See Instructions)

The Message Church

Date

4/20/24

Full name of contributor

Raymond Bryant

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

17050 Darien Wing SA TX 78247

Principal occupation / Job title (See Instructions)

pastor

Employer (See Instructions)

AME

Date

4/20/24

Full name of contributor

Chanreka Lettridge

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

1807 Cool Breeze SA TX 78245

Principal occupation / Job title (See Instructions)

not employed

Employer (See Instructions)

Date

4/20/24

Full name of contributor

Stephanie Whitehead

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

9311 Velvet Spg SA TX 78254

Principal occupation / Job title (See Instructions)

director

Employer (See Instructions)

UH

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: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Lisa Davis	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code 24026 Dulzura SA TX 78261		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Novartis
Date 4/13/24	Full name of contributor ☐ out-of-state PAC (ID#: Roberta Kernan	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 501 Candleglo Dr Winderock TX 78239		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 4/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Lisa Conner	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 121 Turtle Rd SA TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Sonya Baker	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 5321 Wilmington Houston TX 77033		
Principal occupation / Job title (See Instructions) directa		Employer (See Instructions) USAA
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: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Deborah Lane	7 Amount of contribution (\$) 5.00
6 Contributor address; City; State; Zip Code 8507 helton hts SA TX 78254		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions)
Date 4/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Tammie Fontenot	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 10224 Lenoxy Schertz TX 78154		
Principal occupation / Job title (See Instructions) program mgr		Employer (See Instructions) TXDOT
Date 4/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Cynara Weathersbee	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 902 Grove Bend SA TX 78253		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions)
Date 4/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Greta Hawkins-Mathis	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 18010 Bullis Hill SA TX 78258		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) DOH
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: 18
2 FILER NAME Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Debra Tannee 6 Contributor address; City; State; Zip Code 7411 Autumn Ledge Converse TX 78109	7 Amount of contribution (\$) 25 ⁰⁰
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions)
Date 4/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Yvonne Pleasant-Shelf Contributor address; City; State; Zip Code 2823 Redrock Trail SA TX 78259	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Connor Caldwell Contributor address; City; State; Zip Code 4802 Creekmoor Dr SA TX 78220	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) SAISD
Date 4/21/24	Full name of contributor ☐ out-of-state PAC (ID#: Cassandra Carter Contributor address; City; State; Zip Code 1254 Lion Forest SA TX 78251	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions) educator		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.		

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 Tracie Shelton Hervey		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>30.00</u>	
5 Date <u>4/23/24</u>	6 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Claire Barnett</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>data analysis</u> <u>text setup</u>
7 Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>organizer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>self</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 ☐ out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			
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.

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/Ordinance Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Reward/Memorable 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: 7	2 FILER NAME Tracie Shelton Hervey	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/24	5 Payee name Darren Mertiz	
6 Amount (\$) 200 ⁰⁰ / _{xy}	7 Payee address; 11405 Whisper Valley	City; State; Zip Code SA TX 78230
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract labor	(b) Description consulting
	(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 4/2/24	Payee name Square Space	
Amount (\$) 24 ⁵²	Payee address; 8 Clarkson St	City; State; Zip Code NY NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description website hosting
	☐ 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 4/1/24	Payee name Nicki Sylvester	
Amount (\$) 240 ⁰⁰	Payee address; 27935 Emerald Vista Ln	City; State; Zip Code Spring TX 77386
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description t-shirts (campaign)
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Expenses
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: <u>7</u>		2 FILER NAME <u>Tracie Shelton Hervey</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/17/24</u>		5 Payee name <u>Norton Lewis Printing</u>			
6 Amount (\$) <u>351.81</u> <u>xy</u>		7 Payee address: <u>12106 Valliant</u>		City: <u>SA</u>	State: <u>TX</u> Zip Code: <u>78216</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>		(b) Description <u>yard signs</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <u>4/24/24</u>		Payee name <u>Norton Lewis Printing</u>			
Amount (\$) <u>101.21</u> <u>xy</u>		Payee address: <u>12106 Valliant</u>		City: <u>SA</u>	State: <u>TX</u> Zip Code: <u>78216</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>printing expense</u>		Description <u>pushcards</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <u>4/22/24</u>		Payee name <u>Nicki Sylvester</u>			
Amount (\$) <u>250.00</u> <u>xy</u>		Payee address: <u>27935 Emerald Vista Ln Spring</u>		City: <u>TX</u>	State: <u>TX</u> Zip Code: <u>77386</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other</u>		Description <u>tee shirts (campaign)</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Gifts/Award/Memorial 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: 7	2 FILER NAME Tracie Shelton Hervey	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Payee name LaQuinta	
6 Amount (\$) 21.65	7 Payee address; 303 Blum	City; State; Zip Code SA TX 78205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description parking
	(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 4/19/24	Payee name Alamo Mailing	
Amount (\$) 1600.86 XX	Payee address; 13114 Lookout Run	City; State; Zip Code SA TX 78233
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description mailing / printing of
	☐ 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 4/19/24	Payee name Alamo Mailing	
Amount (\$) 219.33 XY	Payee address; 13114 Lookout Run	City; State; Zip Code SA TX 78233
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description mailers / printing of
	☐ 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
Contributions/Donations Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Wardrobe/Memorabilia Expenses
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: <u>7</u>	2 FILER NAME <u>Tracie Shelton Horvey</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/1/24</u>	5 Payee name <u>Google</u>	
6 Amount (\$) <u>423</u>	7 Payee address; City; State; Zip Code <u>1600 Amphitheatre Pkwy Mountain View CA 94043</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fee</u>	(b) Description <u>gsuite</u>
	(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 <u>3/29/27</u>	Payee name <u>Frost Bank</u>	
Amount (\$) <u>10⁰⁰_{xx}</u>	Payee address; City; State; Zip Code <u>111 W. Houston St Ste 100 SA TX 78205</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fee</u>	Description <u>service fee</u>
	☐ 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 <u>3/27/24</u>	Payee name <u>Norton Lewis Printing</u>	
Amount (\$) <u>122⁸⁰_{xy}</u>	Payee address; City; State; Zip Code <u>12106 Valliant SA TX 78216</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>printing fees</u>	Description <u>pushcards</u>
	☐ 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
Contributions/Donations Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Travel/Entertainment 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: 7	2 FILER NAME Tracie Shelton Hervey	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/24	5 Payee name Norton Lewis Printing	
6 Amount (\$) 703.63	7 Payee address: 12106 Valliant	City: SA State: TX Zip Code: 78216
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description yard signs
	(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 3/28/24	Payee name Norton Lewis Printing	
Amount (\$) 324.75	Payee address: 12106 Valliant	City: SA 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
Date 4/4/24	Payee name Fed Ex Office	
Amount (\$) 8.24	Payee address: 1275 NE Loop	City: SA State: TX Zip Code: 78209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description print material
	☐ 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
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: <u>7</u>		2 FILER NAME <u>Tracie Shelton Hervey</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>May 26, 2024</u>		5 Payee name <u>Campaign Verify</u>			
6 Amount (\$) <u>95.00</u> <u>xx</u>		7 Payee address; City; State; Zip Code <u>1215 31st Street NW Washington DC 20007</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fee</u>		(b) Description <u>campaign verification</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/27/2024</u>		Payee name <u>Office Max</u>			
Amount (\$) <u>131.56</u> <u>xx</u>		Payee address; City; State; Zip Code <u>150N. Crossroads Blvd Balcones Hqts TX 78201</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>other</u>		Description <u>office supplies</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/29/24</u>		Payee name <u>Norton Lewis Printing</u>			
Amount (\$) <u>624.39</u>		Payee address; City; State; Zip Code <u>12106 Valliant SA TX 78216</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>printing expense</u>		Description <u>banners</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial 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: 7	2 FILER NAME Tracie Shelton Hervey	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Payee name Irene Maaq-Hernandez	
6 Amount (\$) 200	7 Payee address; 2015 Perennial Dr SA TX 78232	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description graphic design
	(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 4/5/24	Payee name S. David Ramirez	
Amount (\$) 300.00	Payee address; 2727 Menchaca St SA TX 78228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor	Description campaign adusement
	☐ 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 4/5/24	Payee name S. David Ramirez	
Amount (\$) 187.68	Payee address; 2727 Menchaca St SA TX 78228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description reimbursement for supplies and fees
	☐ 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
Conferences/Donations Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Refreshments/Entertainment Expenses
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: <u>7</u>		2 FILER NAME <u>Tracie Shelton Hervey</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/24/24</u>		5 Payee name <u>Strupe</u>			
6 Amount (\$) <u>100.90</u>		7 Payee address; City; State; Zip Code <u>354 Oyster Point Blvd South San Francisco CA 94080</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fees</u>		(b) Description <u>Strupe fees</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>4/24/24</u>		Payee name <u>AB Blue</u>			
Amount (\$) <u>67.61</u>		Payee address; City; State; Zip Code <u>PO Box 441146 Somerville MA 02144</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>		Description <u>processing fees</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED