CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS TAMRA	FIRST	MI S	OFFICE USE ONLY			
NAME	NICKNAME	LAST	SUFFIX	Date Received			
	NICKNAWE						
		READ DICKE		6 FEB 2024 PM031077			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1013 ROSENI		CITY: STATE; ZIP CODE LAMARILLO TX 79124	an			
Change of Address							
6 CANDIDATE/ OFFICEHOLDER PHONE	(806) 6	72-5113	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount S			
TREASURER	MRS	JENNIFER		Date Processed			
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
	NICKNAME			Date Imaged			
		GALLARDO					
7 CAMPAIGN	STREET ADDRESS (N	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE			
TREASURER	2005 S L	JIII QT	AMARILLO	TV 70103			
ADDRESS	2905 3 F	2905 S HILL ST AMARILLO TX 79103					
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE							
FIONE	(806) 22	20-9524					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	01 30 2024 THROUGH 02 26 2024						
	01 30 2024						
11 ELECTION	ELECTION DAT		ELECTION TYPE				
	Month Day Year Primary Runoff Other Description						
	03 / 05 /	2024 General	Special				
	55, 55,						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if knows	1)			
	POTTER COUNTY TAX ASSESSOR-COLLECTOR						
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S RE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
A A A A A A A A A A A A A A A A A A A	GENERAL	COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							
GO TO PAGE 2							
SO TO TAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TAMRA READ DICKE	RSON	16 Filer	ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLED THE PROPERTY OF	1	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,210.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,144.75			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 3,580.73			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 50.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and co	rrect and includes all information			
	Signature of Ca	andidate o	or Officeholder			
	Please complete either option below	v:				
(1) Affidavit						
NOTARY STAMP/SEAL						
Swom to and subscribed before me by this the day of						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer administering oath			
OR						
(2) Unsworn Declarati	on					
My name is TAMRA R	EAD DICKERSON, and my date of birth is	02/23	/1975			
My address is 1013 RC			79124 POTTER			
Executed in POTTER County, State of TEXAS on the County of County (city) (state) (zip code) (country) Signature of Candidate/Officeholder (Declarant)						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME AMRA READ DICKERSON	20 Filer ID (Ethics Co	mmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,210.00	
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	510.09
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			634.66
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TAMRA READ DICKERSON 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_ 1/31/2024 100.00 D'LAYNE CARTER State; Zip Code 6 Contributor address; City; AMARILLO TX 79124 6412 BASSWOOD LN 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#;_ Amount of contribution (\$) 2/1/2024 50.00 DARLA & JASON HERRING Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 2/2/2024 10.00 STEPHANIE PENA Contributor address; City; State; Zip Code 7907 TRADITION PARKWAY AMARILLO TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#_ 2/2/204 1.000.00 DAVID ELIZALDE Contributor address: State; Zip Code City: 13680 ROADRUNNER AMARILLO TX 79118 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	
2 FILER NAME	D DICKERSON				3 Filer ID (Ethics Commission Filers)	
4 Date 2/22/2024	5 Full name of contributor TOBY MEASON	out-of-state PAG			7 Amount of contribution (\$) 50.00	
	6 Contributor address;	City;	State;			
	5203 THEDA	AMARILLO	TX	79109		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions)	
Date	Full name of contributor	ut-of-state PA) (ID#)	Amount of contribution (\$)	
	Contributor address;	City;				
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAG	3 (ID#:)	Amount of contribution (\$)	
	Contributor address;	City,		Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	out-of-state PAC	C (ID#;)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	otions)	
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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TAMRA READ DICKERSON 4 Date 5 Payee name 2/1/2024 AMARILLO NATIONAL BANK 7 Payee address: 6 Amount (S) City: State: Zip Code 8.00 **AMARILLO** 79105 PO BOX 1 TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 BANKING ACCOUNT FEE ACCOUNTING / BANKING **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 2/2/24 PANHANDLE PRESORT SERVICE, LTD Amount (\$) Payee address; State; Žip Code 502.09 AMARILLO 920 SW 9TH AVE TX 79101 Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE 8,000 FLYERS (6,000 FOR WELCOME **PURPOSE** PARDNER & 2,000 EXTRA) **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense		
	The Instruction Guide explains	how to complete this forma				
1 Total pages Schedule G	2 FILER NAME TAMRA READ DICKERSON					
4 Date	5 Payee name		-			
1/30/24	SUTHERLAND HOME BASE					
6 Amount (\$) 18.92 Reimbursement from political contributions intended	7 Payee address; City; State; Zip			Zip Code 79110		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
OF EXPENDITURE	ADVERTISING EXPENSE / OTHER	CREWS FOR LARGE SIGNS				
	(c) Check if travel outside of Texas, Complete Sched	ule 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	Payee name					
2/2/24	WELCOME PARDNER, LLC					
Amount (\$) 500.00 Reimbursement from political contributions intended	Payee address; 6700 WENTWORTH DR			Zip Code 79109		
PURPOSE	Category (See Categories listed at the top of this scho	edule) Description				
OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN FL	CAMPAIGN FLYERS			
	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		Office sought		Office held		
Date	Payee name					
2/5/24	HOME DEPOT					
Amount (\$) 10.11 Reimbursement from political contributions intended	Payee address; 2500 SONCY RD	City; AMARILLO	State; TX	Zip Code 79124		
PURPOSE	Category (See Categories listed at the top of this scho	dule) Description				
OF EXPENDITURE	ADVERTISING EXPENSE / OTHER	ROPE FOR LARG	ROPE FOR LARGE SIGN			
	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 PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Cod/Beverage Expense Fees God/Beverage Fees Fees God/Beverage Fees Fees Fees Fees Fees Fees Fees Fe	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
1 Total pages Schedule G:	2 FILER NAME TAMRA READ DICKERSON				
4 Date	5 Payee name				
2/5/24	SAM'S CLUB				
6 Amount (\$) 51.10 Ficimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8952 WESTGATE PARKWAY AMARILLO TX 79124				
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description			
OF EXPENDITURE	TRAVEL IN DISTRICT GAS FOR SIGN DELIVERY (BIG SIGNS)				
EXPENDITORE	(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	Payee name				
2/17/24	CAMPAIGN PARTNER				
Amount (\$) 29.00 Reimbursement from political contributions intended	Payee address; PO BOX 118	STILL RIVER	State; Zip Code MA 01467		
PURPOSE	Category (See Categories listed at the top of this sche	dule) Description			
OF EXPENDITURE	ADVERTISING EXPENSE MONTHLY WEBSITE EXPENSE				
EXPENDITORE	Check if travel outside of Texas, Complete Sched				
Candidate / Officeholder name Office sought Office he expenditure to benefit C/OH			Office held		
Date	Payee name				
2/20/24	SUTHERLAND HOME BASE				
Amount (\$) 25.53 Reimbursement from political contributions intended	Payee address; 4717 S WASHINGTON ST	City; AMARILLO	State; Zip Code TX 79110		
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description			
OF EXPENDITURE	ADVERTISING EXPENSE / OTHER	EXPENSE / OTHER PVC PIPE & CAPS FOR HOLDING POLITCAL 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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					