

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

29 JAN 2024 PM 03:22

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received 30A	
	NICKNAME	LAST	SUFFIX		
		MRS TAMRA S			
		READ DICKERSON			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) Other (specify) _____ <input type="checkbox"/> 8th day before election			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	5 ORIGINAL PERIOD COVERED				
		Month Day Year	Month Day Year		
		11 / 01 / 2023	THROUGH 01 / 15 / 2024		

6 EXPLANATION OF CORRECTION
MISSING CHECK MARKS FOR "REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED"

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:

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

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

Signature of Candidate/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 TAMRA READ DICKERSON, and my date of birth is 02/23/1975.

My address is 1013 ROSENDA LN, AMARILLO TX 79124 POTTER
(street) (city) (state) (zip code) (country)

Executed in POTTER County, State of TEXAS, on the 29TH day of JANUARY, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/23	5 Payee name POTTER COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4217 SW 21ST AVE AMARILLO TX 79106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description OFFICE SOUGHT FILING FEE
	(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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date 12/18/23	Payee name CAMPAIGN PARTNER	
Amount (\$) 29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER MA 01467	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MONTHLY WEBSITE EXPENSE
	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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date 12/29/23	Payee name C & B MARKETING	
Amount (\$) \$2,593.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2400 SW 6TH AVE AMARILLO TX 79106	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 400 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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>2</u>	2 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 1/04/24	5 Payee name C & B MARKETING	
6 Amount (\$) \$639.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2400 SW 6TH AVE AMARILLO	City; State; Zip Code TX 79106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 3,000 PUSH CARDS
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date 1/15/24	Payee name PAK A SAK	
Amount (\$) \$30.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1151 RM 1061 AMARILLO	City; State; Zip Code TX 79124
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description GAS FOR SIGN DELIVERY
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended <input type="checkbox"/>		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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