

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

29 JAN 2024 PM 03:24

15 C/OH NAME TAMRA READ DICKERSON		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,055.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,853.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,880.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50.00

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 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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

29 JAN 2024 PM03:24

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,055.24
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 CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,853.48
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
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.

ES 3/11/2024 01:03:24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/24	5 Full name of contributor out-of-state PAC (ID#: _____) JASON HIX <hr/> 6 Contributor address; City; State; Zip Code 101 ARCH TERRACE AMARILLO TX 79106	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/24	Full name of contributor out-of-state PAC (ID#: _____) JASON & LORI STEPHENSON <hr/> Contributor address; City; State; Zip Code 3909 FOUNTAIN TERRACE AMARILLO TX 79106	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/24	Full name of contributor out-of-state PAC (ID#: _____) TOM SCHIMPF <hr/> Contributor address; City; State; Zip Code 4615 VAN WINKLE AMARILLO TX 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/24	Full name of contributor out-of-state PAC (ID#: _____) CINDY & JEFF REASONER <hr/> Contributor address; City; State; Zip Code 7313 SMOKETREE DR AMARILLO TX 79124	Amount of contribution (\$) 100.00
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

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

29 JAN 2024 PM 03:24

The Instruction Guide explains how to complete this form.		1 Total pages: Schedule A1 3
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2024	5 Full name of contributor out-of-state PAC (ID#: _____) GENARO CANTANO <hr/> 6 Contributor address; City; State; Zip Code 7001 SMOKETREE AMARILLO TX 79124	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: _____) KIM GRIEGO <hr/> Contributor address; City; State; Zip Code 1111 TERRA STREET ROUNDROCK TX 78665	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor out-of-state PAC (ID#: _____) CHESNEY'S WHISKEY SALOON LLC <hr/> Contributor address; City; State; Zip Code 715 S POLK ST AMARILLO TX 79101	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL FISHER <hr/> Contributor address; City; State; Zip Code 7306 SW 34TH STE 1 PBM 238 AMARILLO TX 79121	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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29 JAN 2024 PM03:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2024	5 Full name of contributor out-of-state PAC (ID#: _____) CATHY ROMERO	7 Amount of contribution (\$) 20.24
	6 Contributor address; City; State; Zip Code 6304 N MACARTHUR BLVD APT 3017 IRVING TX 75039	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) SHELTON BIVINS TRIPLETT	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 20233 KEARNEY HILL RD PLUGERVILLE TX 78660	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)
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
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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: 2	2 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2024	5 Payee name CAMPAIGN PARTNER	
6 Amount (\$) 29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 118 STILL RIVER MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MONTHLY WEBSITE EXPENSE
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/17/2024	Payee name HOME DEPOT	
Amount (\$) 222.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2500 SONCY RD AMARILLO TX 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE / OTHER	Description T-POSTS FOR LARGE SIGNS
	<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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/22/2024	Payee name PAK A SAK	
Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1151 RM 1061 AMARILLO TX 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description GAS FOR SIGN DELIVERY
	<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 <input type="checkbox"/> Office held <input type="checkbox"/>

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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)
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4 Date 01/29/2024	5 Payee name C & B MARKETING
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6 Amount (\$) 1,566.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2400 SW 6TH AVE	City; AMARILLO	State; TX	Zip Code 79106
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 25 4X4 CAMPAIGN SIGNS
	(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
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Date	Payee name
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Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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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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Date	Payee name
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Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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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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