19 JON 2024 PH03124

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ett	nics Commission Filers)	2 Total pages fi	led;
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST TAMRA		мı S	OFFICE	USEONLY
NAME	NICKNAME	READ DICKE	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1013 ROSEN		city; sta MARILLO T			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	672-5113	EXT	ENSION	Date Hand-delivered	d or Date Postmarked Amount S
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	FIRST JENNIFER		МІ	Date Processed	Amount 3
NAME	NICKNAME	LAST	******	SUFFIX	Date Flocessed	
	NICKNAME	GALLARDO		30111X	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		CITY: MARILLO	TX	79103
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 220-9524	EXT	ENSION		
	(000)	220-332 4				
9 REPORT TYPE	January 15	30th day before e	election	Runoff		ifter campaign appointment er Only)
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	ar
COVERED	1 /	/ 16 / 24	THROUGH	1	/ 29 / 24	
11 ELECTION	ELECTION DA	TE	_	ELECTION TYPE		
	Month Day Year Primary Runoff Other Description					
	Description					
	3 / 5	24 General				
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if know	n)	
- 011102			POTT	ER COUNTY T	AX ASSESSOF	R-COLLECTOR
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN N	IADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRE	SS		
	20.70.71.77					
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TAMRA READ DICKE	ERSON	16 Filer	ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2	2,055.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$,853.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2	2,880.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	50.00
1	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and cor	rrect and inc	cludes all information
l le	quired to be reported by the direct that to, Election Gode.			
	Simply of Co		Offi	4
	Signature of Ca	indidale (or Officerior	der
	Please complete either option below	v:		
	·			
(1) Affidavit				
NOTARY STAMP/SEA	L.			
Sworn to and subscribed	before me by this the		_ day of	i
20, to certify	which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath		Title of office	er administering oath
	OR			
(2) Unsworn Declarat	ion			
My name is TAMRA	READ DICKERSON, and my date of birth is	02/23	3/1975	341
My address is 1013 R	OSENDA LN AMARILLO T	X 7	79124	POTTER
	(street) (city)		(zip code)	(country)
Executed in POTTER	County, State of TEXAS, on the 29TH day of JANU	1 h 2	2024	5.
	Signature of Cand	date/Offic	ceholder (De	eclarant)
I				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Eth	.cs Commiss	ion Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
ă.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,055.24	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	4. SCHEDULE E: LOANS			
5.	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,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		1,853.48	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$		
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	D \$		

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 t	this form.	1 Total pages Schedule A1	
2 FILER NAM TAMRA REA	E D DICKERSON		3 Filer ID (Ethics Commission Filers)	
4 Date	JASON HIX		7 Amount of contribution (\$)	
01/18/24	6 Contributor address; City; 101 ARCH TERRACE AMARILLO	State; Zip Code		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	lttions)	
Date 01/18/24	JASON & LORI STEPHENSON		Amount of contribution (\$)	
	Contributor address; City; 3909 FOUNTAIN TERRACE AMARILLO	State; Zip Code TX 79106		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 01/18/24	TOM SCHIMPF	PAC (ID#)	Amount of contribution (\$)	
01,10,2	Contributor address; City; 4615 VAN WINKLE AMARILLO	State; Zip Code		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	Itions)	
Date 01/18/24	CINDY & JEFF REASONER	PAC (ID#:)	Amount of contribution (\$)	
01/10/24	Contributor address; City; 7313 SMOKETREE DR AMARILLO	State; Zip Code TX 79124		
Principal occ	supation / Job title (See Instructions)	Employer (See Instruct	lions)	
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS		

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 page Schedule A1
² FILER NAME TAMRA R	EAD DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC GENARO CANTANO	7 Amount of contribution (\$)	
01/21/2024	6 Contributor address; City; 7001 SMOKETREE AMARILLO	State; Zip Code	100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 01/21/2024	KIM GRIEGO Contributor address; City;	State; Zip Code	Amount of contribution (\$) 25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/23/2024	Full name of contributor out-of-state PAC CHESNEY'S WHISKEY SALOC Contributor address; City; 715 S POLK ST AMARILLO	ON LLC State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 01/26/2024	MICHAEL FISHER	State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)

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 fo	1 Total pages Schedule A1;				
2 FILER NAME TAMRA R	EAD DICKERSON		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (II CATHY ROMERO	7 Amount of contribution (\$)				
01/28/2024	6 Contributor address; City; 6304 N MACARTHUR BLVD APT 3017 IRV	State; Zip Code	20.24			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)			
01/29/2024	SHELTON BIVINS TRIPLETT Contributor address; City; 20233 KEARNEY HILL RD PLUGERVILLE	State; Zip Code TX 78660	100.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)			
	Contributor address; City;					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)			
	. Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iions)			
	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 **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 By Candidate/Officeholder/Political Committee

Event Expense 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)

Total pages Schedule G	TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)			
Date 01/17/2024	5 Payee name CAMPAIGN PARTNER				
Amount (\$) 29.00 Reimbursement from political contributions intended	7 Payee address; PO BOX 118	STILL RIVER	State; MA	Zip Code 01467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description MONTHLY WEBSITE EXPENSE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense	
) Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
Date 01/17/2024	Payee name HOME DEPOT				
Amount (\$) 222.56 Reimbursement from political contributions intended	Payee address; 2500 SONCY RD	City; AMARILLO	State; TX	Zip Code 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE / OTHER	T-POSTS FOR LARGE SIGNS			
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expen				
Complete ONLY if direct expenditure to benefit C/			(Office held	
Date 01/22/2024	Payee name PAK A SAK				
Amount (\$) 35.00 Reimbursement from political contributions intended	Payee address; 1151 RM 1061	City; AMARILLC	State; TX	Zip Code 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	GAS FOR SIGN DELIVERY			
	Check if travel outside of Texas, Complete Schedule T.	Check if Auslin,	TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held	

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 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 G:	2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics (Commission Filers)
4 Date 01/29/2024	5 Payee name C & B MARKETING			
6 Amount (\$) 1,566.92 Reimbursement from political contributions intended	7 Payee address; 2400 SW 6TH AVE	City; AMARILLO	State; TX	Zip Code 79106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description 25 4X4 CAMPAIGN SIGNS			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 Auslin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel oulside of Texas Complete Schedule T.	Check if Austin, TX, officeholder living expense		pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	