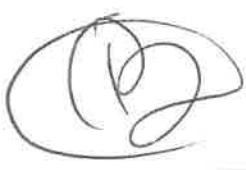


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 13								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST TAMRA	MI	OFFICE USE ONLY Date Received  Date Hand delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged							
	NICKNAME	LAST READ DICKERSON	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE										
	1013 ROSENDA LN AMARILLO TX 79124										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 672-5113	EXTENSION								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST JENNIFER	MI								
	NICKNAME	LAST GALLARDO	SUFFIX								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
2905 HILL ST AMARILLO TX 79103											
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 220-9524	EXTENSION								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 2 27 24		THROUGH Month Day Year 3 28 24								
11 ELECTION	ELECTION DATE Month Day Year 3 5 24		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) POTTER COUNTY TAX ASSESSOR-COLLECTOR									
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

04 APR 2024 PM 11:30

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)	\$ 4,910.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,498.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 2/23/1975
 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 1ST day of APRIL, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Reset Form

Reset Page

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SUBTOTALS - C/OH

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

04 APR 2024 09:11:30

19 FILER NAME TAMRA READ DICKERSON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,910.00
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 CONTRIBUTIONS	\$ 8,540.73
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	\$ 1,957.67
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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

TAMRA READ DICKERSON

3 Filer ID (Ethics Commission Filers)

4 Date

03/19/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

JOLYNN & ZACK CONNELL

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

1903 ASPEN ST AMARILLO TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/19/2024

Full name of contributor

out-of-state PAC (ID#: _____)

LISA THOMASON

Amount of contribution (\$)

15.00

Contributor address;

City;

State;

Zip Code

3604 S LAMAR AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2024

Full name of contributor

out-of-state PAC (ID#: _____)

ANGELICA KING

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

5011 LELAND DR AMARILLO TX 79110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2024

Full name of contributor

out-of-state PAC (ID#: _____)

FELICIA BELLIS

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3 OLYMPIC CT AMARILLO TX 79124

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.

04 APR 2024 4:11:30

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor out-of-state PAC (ID# _____) CASSY DUNCAN 6 Contributor address; City; State; Zip Code 472 STONES RIVER LN MURFREESBORO TN 37128	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2024	Full name of contributor out-of-state PAC (ID# _____) SHELTON BIVINS TRIPLETT Contributor address; City; State; Zip Code 20233 KEARNEY HILL RD PLUGERVILLE TX 78660	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2024	Full name of contributor out-of-state PAC (ID# _____) DON TIPPS Contributor address; City; State; Zip Code 5611 BARRINGTON CT AMARILLO TX 79119	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2024	Full name of contributor out-of-state PAC (ID# _____) COURTNEY SHANKLE REED Contributor address; City; State; Zip Code 6723 SANDIE CT AMARILLO TX 79109	Amount of contribution (\$) 50.00
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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TAMRA READ DICKERSON

3 Filer ID (Ethics Commission Filers)

4 Date

03/20/2024

5 Full name of contributor

ROBIN LEEAH

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

6140 WOODWARD AMARILLO TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/20/2024

Full name of contributor

PROFESSIONAL SEARCH, INC INTERNATIONAL

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1526 S KENTUCKY AMARILLO TX 79102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/2024

Full name of contributor

ANNETTE SHANNON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

9202 PERRY AVE AMARILLO TX 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2024

Full name of contributor

DONALD & TWANNA POWELL

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO BOX 468 AMARILLO TX 79105

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.

04 APR 2024 09:11:30

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2024	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> TRIANGLE REALTY, LLC 6 Contributor address; City; State; Zip Code 7609 CANYON DR AMARILLO TX 79110	7 Amount of contribution (\$) 3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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	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 F1: 1	2 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Payee name AMARILLO NATIONAL BANK	
6 Amount (\$) 8.00	7 Payee address; PO BOX 1	City; State; Zip Code AMARILLO TX 79105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	(b) Description BANKING ACCOUNT FEE
	(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 03/28/2024	Payee name TAMRA READ DICKERSON	
Amount (\$) 50.00	Payee address; 1013 ROSENDA LN	City; State; Zip Code AMARILLO TX 79120
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT / REINBURSEMENT	Description LOAN FOR OPENING CAMPAIGN ACCOUNT
	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 03/28/2024	Payee name TAMRA READ DICKERSON	
Amount (\$) 8,482.73	Payee address; 1013 ROSENDA LN	City; State; Zip Code AMARILLO TX 79120
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT / REINBURSEMENT	Description REINBURSEMENT OF CAMPAIGN EXPENSES PAID FROM PERSONAL FUNDS
	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

04 APR 2024 09:11:30

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: 4	2 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2024	5 Payee name TOOT N TOTUM % ANTHONY HOPPE	
6 Amount (\$) 42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1701 S EASTERN ST	City: AMARILLO State: TX Zip Code: 79104
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description LARGE SIGN DELIVERY W/ T-POSTS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/26/2024	Payee name STRANGE AND UNUSUAL SWEETS	
Amount (\$) 560.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3401 S MILAM ST	City: AMARILLO State: TX Zip Code: 79109
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD FOR WATCH PARTY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/27/2024	Payee name SAM'S CLUB	
Amount (\$) 36.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8952 WESTGATE PARKWAY	City: AMARILLO State: TX Zip Code: 79124
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description PLATES, CUPS & NAPKINS FOR WATCH PARTY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

03 APR 2024 11:13:30

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 Committoo	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 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
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4 Date 02/29/2024	5 Payee name THE LOCAL WEDGE
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6 Amount (\$) 706.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 5461 MCKENNA SQUARE UNIT 102	City: AMARILLO	State: TX	Zip Code 79119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD FOR WATCH PARTY
	(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
--	-------------------------------	---------------	-------------

Date 03/02/2024	Payee name THE PLAZA II RESTAURANT
---------------------------	--

Amount (\$) 122.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2101 S SONCY RD	City: AMARILLO	State: TX	Zip Code 79124
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description DINNER FOR CAMPAIGN TEAM AFTER HOLDING SIGNS @ INTERSECTIONS OF ROSS & GEMLAKE RD ON 3/2/2024
	(c) <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 03/05/2024	Payee name TACO VILLA
---------------------------	---------------------------------

Amount (\$) 26.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 5770 W AMARILLO BLVD	City: AMARILLO	State: TX	Zip Code 79106
--	---	--------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/ BEVEARGE EXPENSE	Description BREAKFAST FOR CAMPAIGN TEAM ON ELECTION DAY
	(c) <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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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	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 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2024	5 Payee name SAM'S CLUB	
6 Amount (\$) 145.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8952 WESTGATE PARKWAY AMARILLO TX 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BEVERAGES FOR WATCH PARTY
	(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
Date 03/05/2024	Payee name BLUE SKY	
Amount (\$) 80.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4201 I-40 WEST AMARILLO TX 79106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description LUNCH FOR CAMPAIGN TEAM ON ELECTION DAY
	<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
Date 03/05/2024	Payee name CACTUS COVE	
Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 E INTERSTATE 40 AMARILLO TX 79104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description WATCH PARTY VENUE
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

04 APR 2024 4:11:30

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 FILER NAME TAMRA READ DICKERSON	3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2024	5 Payee name SAM'S CLUB % ANTHONY HOPPE	
6 Amount (\$) 44.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 8952 WESTGATE PARKWAY	City; State; Zip Code AMARILLO TX 79124
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description REMOVAL OF LARGE SIGNS/T-POSTS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/07/2024	Payee name PAK A SAK #13	
Amount (\$) 43.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2708 SW 58TH AVE	City; State; Zip Code AMARILLO TX 79110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description PUTTING OUT SIGNS BEFORE ELECTION DAY & REMOVAL OF SIGNS AFTER ELECTION DAY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

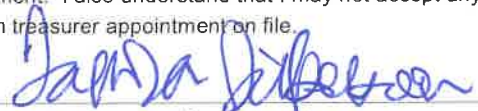
1 C/OH NAME

TAMRA READ DICKERSON

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

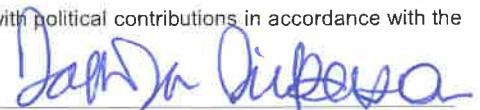
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder