


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: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST TAMRA	MI S	OFFICE USE ONLY Date Received 
	NICKNAME	LAST READ DICKERSON	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 1013 ROSENDA LN		APT / SUITE #: CITY: STATE: ZIP CODE AMARILLO TX 79124	
	Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 672-5113	EXTENSION	Receipt #
	Date Processed			Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST JENNIFER	MI MI	Date Imaged
	NICKNAME	LAST GALLARDO	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2905 S HILL ST AMARILLO TX 79103			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 220-9524	EXTENSION	
	9 REPORT TYPE			
10 PERIOD COVERED	Month Day Year 11 / 01 / 23	THROUGH	Month Day Year 01 / 15 / 23	
	11 ELECTION			
12 OFFICE	ELECTION DATE Month Day Year 03 / 05 / 24	ELECTION TYPE 15 <input checked="" type="checkbox"/> Primary Runoff Other Description General Special		
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) POTTER COUNTY TAX ASSESSOR-COLLECTOR	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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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)	\$ 825.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,042.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

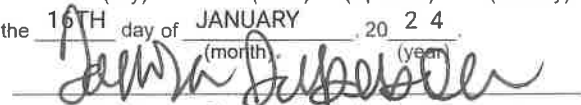
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 16TH day of JANUARY, 20 24
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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	\$ 825.58
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 50.00
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	\$ 4,042.93
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	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

16 JAN 2024 PM03:28

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/24	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> MARILYN TRAN ----- 6 Contributor address; City: State: Zip Code 1622 DAHLIA AMARILLO TX 79107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/07/24	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> RHONDA COVINGTON ----- Contributor address; City: State: Zip Code 2 MANCHESTER RD AMARILLO TX 79124	Amount of contribution (\$) 30.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/24	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> KIT ELLIOTT ----- Contributor address; City: State: Zip Code 1725 PATTON DR GARLAND TX 75042	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/24	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> TIFFANY ROBERSON ----- Contributor address; City: State: Zip Code 3700 FOUNTAIN TERRACE AMARILLO TX 79106	Amount of contribution (\$) 194.99
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.

FILED 10/13/24 10:31:28

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME TAMRA READ DICKERSON		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/24	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> KYLE & KRISTI TUGWELL <hr/> 6 Contributor address; City; State; Zip Code 6309 HAMPTON DR AMARILLO TX 79109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/24	Full name of contributor <small>out-of-state PAC (ID# _____)</small> TADD FOWLER & SONYA LETSON <hr/> Contributor address; City; State; Zip Code PO BOX 452 CLAUDE TX 79019	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/24	Full name of contributor <small>out-of-state PAC (ID# _____)</small> SHERRI & JIM AYLOR <hr/> Contributor address; City; State; Zip Code 1725 PATTON DR GARLAND TX 75042	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/24	Full name of contributor <small>out-of-state PAC (ID# _____)</small> ASHLEY MANNING <hr/> Contributor address; City; State; Zip Code 4605 VAN WINKLE AMARILLO TX 79119	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.		

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)
4 Date 12/05/23	5 Payee name POTTER COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$750.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 4217 SW 21ST AVE AMARILLO TX 79106	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description OFFICE SOUGHT FILING FEE
	(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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date 12/18/23	Payee name CAMPAIGN PARTNER	
Amount (\$) 29.00 <small>Reimbursement from political contributions intended</small>	Payee address; PO BOX 118 STILL RIVER MA 01467	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MONTHLY WEBSITE EXPENSE
	<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 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 <small>Reimbursement from political contributions intended</small>	Payee address; 2400 SW 6TH AVE AMARILLO TX 79106	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 400 YARD 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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR

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 | | | |

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1 Total pages Schedule G: 2	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 <small>Reimbursement from political contributions intended</small>	7 Payee address: 2400 SW 6TH AVE AMARILLO TX 79106	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 3,000 PUSH CARDS
	(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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date 1/15/24	Payee name PAK A SAK	
Amount (\$) \$30.50 <small>Reimbursement from political contributions intended</small>	Payee address: 1151 RM 1061 AMARILLO TX 79124	City; State; Zip Code
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 TAMRA READ DICKERSON	Office sought / Office held POTTER COUNTY TAX ASSESSOR-COLLECTOR
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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