CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

	,	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
00	0065738		29			Date Received	
	ANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
	FFICEHOLDER AME	Ms.	Tamika			01/24/2024	
	<u>-</u>	NICKNAME	LAST		SUFFIX	1	
		Tami	Craft			Date Hand-delivered	or Data Postmarked
	RIGINAL	X January 15	Runoff	Other (s	pecify)	Date Hand-delivered	or Date Postmarked
R	EPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			1	
		8th day before election	appointment (office	• •		Date Processed	
_	DICINAL DEDICE				Vasa	_	
	RIGINAL PERIOD OVERED	Month Day Yea	ar THROUGH	Month Day	Year	Date Imaged	
_	VEL ANIATION OF C	07/01/2023		12/31/2023			
	XPLANATION OF C	CORRECTION nciliation of my campaign a		and allows of the other control of the	المانية المانية		had bas:
Al	FFIDAVIT						
Al	FFIDAVIT			ear, or affirm, under p	enalty of perjur	y, that this correcte	ed report is true
Al	FFIDAVIT		and	correct.	, , , ,		ed report is true
Al	FFIDAVIT		and		, , , ,		ed report is true
Al	FFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	ble statements: affirm that the original intent to mislea	ginal report
Al	FFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the infe	and all applica s: I swear, or aith and without ormation contai	ble statements: affirm that the original an intent to misleated in the report.	ginal report ad or to
Al	FFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or	ble statements: affirm that the original an intent to misled the report. that I am filling this less day after the dataccurate or income.	ginal report ad or to s corrected ate I learned aplete. I
Al	FFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or	ble statements: affirm that the original intent to misleated in the report. that I am filling this iss day after the dataccurate or incommission in the report.	ginal report ad or to s corrected ate I learned aplete. I
Al	FFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info	e and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine ginally filed is in t any error or or ood faith.	ble statements: affirm that the original intent to misleated in the report. that I am filling this iss day after the dataccurate or incommission in the report.	ginal report ad or to s corrected ate I learned aplete. I
		AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info	e and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine ginally filed is in t any error or or ood faith.	ble statements: affirm that the original intent to misleated in the report. that I am filling this less day after the dataccurate or incommission in the reportant of the repo	ginal report ad or to s corrected ate I learned aplete. I
,	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	Semiannual reports was made in good famisrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in good Signature	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith. Ms. Tamika	ble statements: affirm that the original intent to misleated in the report. that I am filling this is day after the deflacturate or incommission in the report. Craft or Officeholder	ginal report ad or to s corrected ate I learned iplete. I rt as originally
,	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith. Ms. Tamika ire of Candidate _, this t	ble statements: affirm that the original intent to misleated in the report. that I am filling this is day after the deflacturate or incommission in the report. Craft or Officeholder	ginal report ad or to s corrected ate I learned iplete. I rt as originally
,	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith. Ms. Tamika ire of Candidate _, this t	ble statements: affirm that the original intent to misleated in the report. that I am filling this is day after the deflacturate or incommission in the report. Craft or Officeholder	ginal report ad or to s corrected ate I learned iplete. I rt as originally
,	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che X X tify which, witness my	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good Signature.	e and all applica s: I swear, or aith and without ormation contains wear, or affirm the 14th busine ginally filed is interest any error or or od faith. Ms. Tamika are of Candidate, this tea.	ble statements: affirm that the original intent to misleated in the report. that I am filling this is day after the deflacturate or incommission in the report. Craft or Officeholder	ginal report ad or to s corrected ate I learned aplete. I rt as originally

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

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065738 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Tamika NAME Date Received **ELECTRONICALLY FILED** 01/24/2024 NICKNAME LAST **SUFFIX** Tami Craft CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Pamela G. NAME NICKNAME LAST **SUFFIX** Craft **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 215-7841 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 189 Harris **District Judge**

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 29

13 C / OH NAME	Craft , Tamika (Ms.)			14 Filer ID 00065738	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus of may have been made without to equired to report this information	the candidate's or office	eholder's kno	owledge or	
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL						
		COMMITTEE ADD	PRESS				
	SPECIFIC						
		COMMITTEE CAN	MPAIGN TREASURER NAME				
		COMMITTEE CAM	MPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		\$	0.00	
	2. TOTAL POLIT	ICAL CONTRIBU	ITIONS		\$	43,650.00	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
TOTALS	o. TOTAL ONTEN	12201 021110/12 2	AT ENDITORES		\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	82,721.92	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	9,409.73	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	v of perjury, that the ac Il information required t	companying o be reporte	report is d by me	
			Ms	s. Tamika Craft			
			Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
of	, 20, to co	ertify which, witness	my hand and seal of office.				
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	r administeri	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					4 of 29
	LER NAN raft , Tar	ME mika (Ms.)	19 Filer ID 00065738	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	38,650.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,000.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	82,721.92	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	,. <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	1,086.00

	MONET	ARY POLITICAL CONTR	RIBUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	olete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/12 Rpt: 5/29
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Craft , Tamil	· ·			┖	00065738
4	Date 11/09/2023	Ammons, Robert	tate PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		6 Contributor address; City; State; Zip Co Houston, TX 77007	ue			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title attorney		
10	Contributor's e	employer/law firm w Firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if any)				
_	Date	Full name of contributor out-of-s	tate PAC (ID#:)	T	Amount of Contribution (\$)
	11/15/2023 Barton, Richard				\$500.00	
		Contributor address; City; State; Zip Co	de		1	
		Houston , TX 77027				
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		and (if any)
		employer/law firm f Richard Barton PLLC		Law firm of contributor's sp	Jou:	se (II ally)
_		s a child, law firm of parent(s) (if any)				
		- a - a - a - a - a - a - a - a - a - a				
F	Date	Full name of contributor out-of-s	tate PAC (ID#:)	T	Amount of Contribution (\$)
	11/09/2023	Ben Esteban James Sandoval	` -			\$1,000.00
		Contributor address; City; State; Zip Co			1	
		Austin, TX 78759				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/12 Rpt: 6/29
2	FILER NAME Craft , Tamil	ka (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	11/16/2023 Bryant, Maria 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00		
		Houston , TX 77024				
8		Principal Occupation		9 Contributor's Job Title		
_	Unknown			Unknown		
10	None	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
E	Date	Full name of contributor	D out of state DAC (ID#)		_	Amount of Contribution (\$)
	11/15/2023	Carrigan Law Group Contributor address; City; S	out-of-state PAC (ID#:			\$1,000.00
	Contributor's F	Houston, TX 77027 Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	Chiromax Wellness Cent Contributor address; City; S Houston, TX 77002				\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/12 Rpt: 7/29
2	FILER NAME Craft , Tamil	ka (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	Date 11/15/2023	11/15/2023 Cochinwala, Fuad 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Sugarland, TX 77479				
8		Principal Occupation		9 Contributor's Job Title		
	President			President		
10	One Step Di	employer/law firm agnostics		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	DWM PLLC Contributor address; City;	State; Zip Code			\$5,000.00
		Houston, TX 77081				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	Demuren, Samantha Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77007				
-	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	None					
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains hov	v to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/12 Rpt: 8/29
2 FILER NAME Craft , Tamil	ка (Ms.)			3 Filer ID (Ethics Commission Filers) 00065738
4 Date 11/15/2023			7 Amount of Contribution (\$) \$1,000.00	
	Dallas, TX 75243			
8 Contributor's I	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/15/2023	Farrar & Bull, PLLC Contributor address; City; S			\$5,000.00
	Houston, TX 77008			
Contributor's I	Principal Occupation		Contributor's Job Title	
Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/15/2023	Flores, Gloria	_		\$1,000.00
	Contributor address; City; S Houston, TX 77396	tate; Zip Code		
Contributor's I	Principal Occupation		Contributor's Job Title	
attorney			attorney	
Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
Gloria Flores	s Law Firm			
If contributor is	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL CONTRI	BUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A(J)1: Sch: 5/12 Rpt: 9/29	
2	FILER NAME Craft , Tamil				3	Filer ID (Ethics Commission Fi 00065738	lers)
4	Date 11/15/2023			7	Amount of Contribution (\$)	250.00	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	Contributor's G	employer/law firm aw Firm		11 Law firm of contributor's sp	ous	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	11/08/2023	Kwon, Chris Contributor address; City; State; Zip Code Pearland, TX 77584					250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	attorney			attorney			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	e (if any)	
	Kwon Law F					,	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	PAC (ID#:_			Amount of Contribution (\$)	
	09/03/2023	Law Office of William McLeod Contributor address; City; State; Zip Code				\$	400.00
		Houston , TX 77044					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIB	UTIC	DNS		SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete	e this f	form.	1	Total pages Schedule A(J)1: Sch: 6/12 Rpt: 10/29	
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission Filers)	_	
	Craft , Tamil	ka (Ms.)			l	00065738	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Law Office of William McLeod 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.0	0		
		Houston , TX 77044					
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)					_
	Date	Full name of contributor out-of-state P	PAC (ID#:	1	Т	Amount of Contribution (\$)	=
Date Full name of contributor out-of-state PAC (10/09/2023 Law Office of William McLeod		AC (ID#	J	l	\$100.0	0	
		Contributor address; City; State; Zip Code			•		
		Houston , TX 77044		T			
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)		I			_
	Date	Full name of contributor out-of-state P	PAC (ID#:_)	Τ	Amount of Contribution (\$)	=
	11/09/2023	Law Office of William McLeod			l	\$100.0	0
		Contributor address; City; State; Zip Code Houston , TX 77044			•		
	Contributor's			Contributor's Job Title	<u> </u>		
	Continbutors	Principal Occupation		Continuator's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>			
							_

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/12 Rpt: 11/29			
2	FILER NAME Craft , Tamik	ka (Ms.)		3 Filer ID (Ethics Commission Filers) 00065738			
4	Date 12/09/2023			7 Amount of Contribution (\$) \$100.00			
		Houston , TX 77044	- · · · · · · · · · · · · · · · · · · ·				
8	Contributor's F	Principal Occupation	9 Contributor's Job Title				
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	ouse (if any)			
12	12 If contributor is a child, law firm of parent(s) (if any)						
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_Law Office of William McLeod Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$350.00			
_	Contributor's F	Houston , TX 77044 Principal Occupation	Contributor's Job Title				
Commission of the part of the							
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_MRI Centers of Texas Contributor address; City; State; Zip Code Dallas, TX 75211)	Amount of Contribution (\$) \$1,000.00			
	Contributor's F	Principal Occupation	Contributor's Job Title				
	Contributor's 6	employer/law firm	Law firm of contributor's sp	ouse (if any)			
If contributor is a child, law firm of parent(s) (if any)							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/12 Rpt: 12/29
2	FILER NAME Craft , Tamil	ka (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	07/30/2023 McLeod, William 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77044				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10		employer/law firm William McLeod		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	08/10/2023	McLeod, William Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77044		T		
		Principal Occupation		Contributor's Job Title		
_	attorney	employer/law firm		attorney Law firm of contributor's sp		on (if any)
		f William McLeod		Law IIIII of Contributor's Sp	Jou:	se (II arry)
		s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	11/15/2023	Medina, Francisco	U dui-di-state FAC (ID#.			\$250.00
		Contributor address; City; Houston, TX 77008	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	attorney			attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Medina Law	Firm				
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/12 Rpt: 13/29
2	FILER NAME Craft , Tamil	ka (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	Date 11/15/2023			7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77043		·		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/08/2023	Presutti, Joey Contributor address; City;	<u> </u>			\$250.00
		Oakland, CA 94612				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	unknown			unknown		
	Contributor's of None	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/10/2023	Rhine, Eric	out of state 1 Ao (ID#.			\$1,000.00
		Contributor address; City; Houston , TX 77042	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	attorney			attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Spagnoletti I	_aw Firm				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 10/12 Rpt: 14/29	
2	FILER NAME Craft , Tamil	ка (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	Date 11/15/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$500.00	
		Houston , TX 77027				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/17/2023	Skrabanek, Pierce Contributor address; City;	<u> </u>			\$2,000.00
		Houston, TX 77046				
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Pierce & Skr					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	Stano, Matthew	_			\$1,000.00
		Contributor address; City; Humble, TX 77338	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	attorney			attorney		
	Contributor's employer/law firm Law firm of contributor's sp		oous	se (if any)		
	Stano Law F	irm				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

ı	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A(J)1	
-	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 11/12 Rpt: 15/29	
	ILER NAME				3 Filer ID (Ethics Commission Filers)
	Craft , Tamik				00065738
	Date L1/15/2023	5 Full name of contributor Stogner, Brant	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$) \$1,000.00
		6 Contributor address; City; Si	tate; Zip Code		
		Houston, TX 77002			
	Contributor's F attorney	Principal Occupation		9 Contributor's Job Title attorney	
	Contributor's e Abraham Wa	employer/law firm atkins		11 Law firm of contributor's sp	pouse (if any)
12	f contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>	
[Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
1	11/15/2023	The Alworth Law Firm			\$1,000.00
		Contributor address; City; Si	tate; Zip Code		
		Houston, TX 77008			
	Contributor's F	Principal Occupation		Contributor's Job Title	
(Contributor's employer/law firm Law firm of contributor's spo		pouse (if any)		
ľ	f contributor is	s a child, law firm of parent(s) (if a	any)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	,	Amount of Contribution (\$)
	L1/03/2023	The Shellist Law Firm	out of state 1 710 (ID#	<i></i>	\$2,500.00
		Contributor address; City; Si	tate: Zip Code		
		3.13.13.13.13.13.13.13.13.13.13.13.13.13			
		Houston, TX 77046			
	Contributor's F	Principal Occupation		Contributor's Job Title	
(Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
ľ	f contributor is	s a child, law firm of parent(s) (if a	any)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 12/12 Rpt: 16/29
2	FILER NAME Craft , Tamil	ka (Ms.)			3	Filer ID (Ethics Commission Filers) 00065738
4	Date 11/15/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77034				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/15/2023	Todd, James Contributor address; City;	<u> </u>		•	\$1,000.00
		Houston, TX 77008		T		
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		
	Amaro Law I	employer/law firm		Law firm of contributor's sp	oous	se (If any)
			5 a.m. N			
	if contributor is	s a child, law firm of parent(s) (i	r any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/14/2023	Webster, Jason				\$1,000.00
		Contributor address; City; Houston, TX 77036	State; Zip Code		•	
_	Contributorio	l		Contributorio Joh Titlo		
	attorney	Principal Occupation		Contributor's Job Title attorney		
_	Contributor's employer/law firm Law firm of contributor's sp.		חחופ	se (if any)		
Webster Vicknair MacLeod		Jour	o (ii aiiy)			
		s a child, law firm of parent(s) (i	f any)	L		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Craft, Tamika (Ms.) 00065738 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/15/2023 Complete Surgery Center \$5,000.00 | Fundraiser/food/beverage 7 Contributor address; City; State; Zip Code Houston, TX 77018 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 1/11 Rpt: 18/29	Craft , Tamika (Ms.) 00065738			
4	Date	5 Payee name			
	08/02/2023	Best Buy			
6	Amount (\$) \$1,305.45	7 Payee address; City; State; Zip Code 19125 W Lake Houston Pkwy Humble, TX 77346			
8	DUDDOSE				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cameras/speaker to catch the thief stealing from the 189th Court			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/20/2023	Desert Gallery			
	Amount (\$) \$87.40	Payee address; City; State; Zip Code 3600 Kirby			
		Houston, TX 77098			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Deserts for Friendsgiving w/ the 190th Court and staff			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/20/2023	Fajita Pete's			
	Amount (\$) \$144.29	Payee address; City; State; Zip Code 6719 Weslayan			
		Houston, TX 77005			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Friendsgiving party w/ the 190th Court and staff			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 19/29	Craft , Tamika (Ms.)	00065738
4	Date	5 Payee name	·
	09/06/2023	Grotto	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$240.00	1001 Avenida de las Americas	
		Houston, TX 77002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	uval autoido of Tayan Camplete Cabadula T
	EXPENDITURE	1 dod/ Beverage Expense	ıvel outside of Texas. Complete Schedule T. ıstin, TX, officeholder living expense
			er for bar conference (4 days)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experialture to benefit C/O	1	
	Date	Payee name	
L	07/28/2023	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	4619 Lyons Avenue	
		Harter TV 77000	
L		Hoston, TX 77020	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if tra	evel outside of Texas. Complete Schedule T.
	EXPENDITURE		ıstin, TX, officeholder living expense
		Sustaining	member
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
⊨	Data		
	Date 08/29/2023	Payee name Harris County Democratic Party	
L	Amount (\$)	•	
	\$60.00	Payee address; City; State; Zip Code 4619 Lyons Avenue	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Hoston, TX 77020	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Sustaining member	vel outside of Texas. Complete Schedule T.
	LAFLINDITORL		ıstin, TX, officeholder living expense
		Sustaining	member
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/11 Rpt: 20/29	Craft , Tamika (Ms.)		00065738	
4	Date	Payee name			
	09/29/2023	Harris County Democratic Party			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	4619 Lyons Avenue			
		Hoston, TX 77020			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Sustaining member	<u> </u>	tside of Texas. Com	
			Sustaining mer	X, officeholder living nher	g expense
			Custaining mei	niber	
9	Complete ONLY if direct	L Candidate/Officeholder name Office sough	 t	Office h	eld
	expenditure to benefit C/O				
H	Date	Payee name			
	10/31/2023	Harris County Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	4619 Lyons Avenue			
		Hoston, TX 77020			
	PURPOSE) Description		
	OF	Category (See Categories listed at the top of this schedule) Sustaining member		tside of Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Austin, T	X, officeholder living	g expense
			Sustaining me	mber	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t	Office h	eld
	Date	Payee name			
	11/30/2023	Harris County Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	4619 Lyons Avenue			
		Hoston, TX 77020			
	PURPOSE OF	,) Description		
	EXPENDITURE	Sustaining member		tside of Texas. Com X, officeholder living	•
			Sustaining men		g expense
			2 a a a a a a a a a a a a a a a a a a a	y - -	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office h	eld
	expenditure to benefit C/OI				
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 21/29	Craft , Tamika (Ms.) 00065738
4	Date	5 Payee name
	12/08/2023	Impacting Houston Inc.
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7830 Flint Ridge
		Houston, TX 77028
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Purchased toys, books, etc. for Winter Wonderland-District B
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/06/2023	Kherkher Garcia LLP
	Amount (\$) \$43,666.68	Payee address; City; State; Zip Code 2925 Richmond Ste. 1560 Houston, TX 77098
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal defense costs related to the frivolous lawsuit filed by losing opponent, Erin Lunceford.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	11/28/2023	Kherkher Garcia LLP
	Amount (\$) \$32,500.00	Payee address; City; State; Zip Code 2925 Richmond Ste. 1560 Houston, TX 77098
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal defense costs related to the frivolous lawsuit filed by losing opponent, Erin Lunceford.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 5/11 Rpt: 22/29	Craft , Tamika (Ms.)	00065738
_	•		00000700
4	Date	5 Payee name	
	09/07/2023	LAM parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$126.00	1717 Saint James Place	
		Houston, TX 77056	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense parking for state bar conference
			parking for state bar conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/Oi		
	Date	Payee name	
	09/05/2023	Marriott Marquis	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$398.00	1777 Walker	
	φ330.00	1777 Wanter	
		Houston , TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			hotel for state bar conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit 6/01		
	Date	Payee name	
	08/11/2023	Marshalls	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$155.02	1450 West Gray	
	Ψ100.02	1400 West Gray	
		Houston, TX 77022	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL		Check if Austin, TX, officeholder living expense
			office furniture
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 23/29	Craft , Tamika (Ms.) 00065738
4	Date	5 Payee name
	07/27/2023	Ninfa's Original
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$374.59	2704 Navigation
		Houston , TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff appreciation
		Stall appreciation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/31/2023	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.00	204 Executive Ct
		Little Rock, TX 72205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fees for contributions
		ices for contributions
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	David and the second se
	Date 09/29/2023	Payee name
		Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.25	204 Executive Ct
		Little Rock, TX 72205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fees for contributions
		iees ioi continuutions
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Reymont

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 24/29	Craft , Tamika (Ms.)	00065738
4	Date	5 Payee name	
	10/31/2023	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	•
	\$5.15	204 Executive Ct	
		Little Rock, TX 72205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			fees for contributions
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
9	expenditure to benefit C/O		t Office field
_	Date	Davis	
	11/30/2023	Payee name Raise The Money	
		,	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$854.40	204 Executive Ct	
		Little Rock, TX 72205	
	PURPOSE OF	2 (Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			fees for contributions
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/29/2023	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.55	204 Executive Ct	
		Little Rock, TX 72205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense fees for contributions
			ices for continuutoffs
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		Conice near

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		y not listed above)
-	Total pages Cabadula 54:	<u></u>	os Commission Filars)
1	Total pages Schedule F1:		s Commission Filers)
	Sch: 8/11 Rpt: 25/29	Craft , Tamika (Ms.) 00065738	
4	Date	5 Payee name	
	11/08/2023	Sams Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$438.85		
	* *******		
		Humble TV 77220	
		Humble, TX 77338	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sci	
		Jury snacks coffee etc	e
		oury shacks conce etc	
_	Complete ONU V if alice	Condidate/Officeholder norms	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	07/17/2023	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$562.33	9665 FM 1960 Bypass Road	
		Humble, TX 77338	
	DUDDOOS		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, Complete Sci	hodulo T
	EXPENDITURE	Jury snacks coffee, etc Check if travel outside of Texas. Complete Sci Check if Austin, TX, officeholder living expens	
		jury snack coffee etc	-
		Jany Shash Sones Sto	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	U	
L			
	Date	Payee name	
	12/29/2023	Speedy Mail	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$135.00	7544 FM 1960 Rd	
		Houston, TX 77346	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	hedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expens	
		mailbox for 3 months	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
-	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
1	Sch: 9/11 Rpt: 26/29	Craft , Tamika (Ms.)	3 Filer ID (Ethics Commission Filers) 00065738
4	Date	5 Payee name	
	09/29/2023	Speedy Mail	
6	Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 7544 FM 1960 Rd	
		Houston, TX 77346	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	emec everneda//teritar Expense	utside of Texas. Complete Schedule T.
	LXI LINDITORL	I — I —	TX, officeholder living expense
		mailbox for 3 r	nonths
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/20/2023	Wix	
_	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$24.66	500 Terry A Francois Blvd.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		website	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/21/2023	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.66	500 Terry A Francois Blvd.	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Website	utside of Texas. Complete Schedule T.
	2/11/21/01/12		TX, officeholder living expense
		website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
l	Sch: 10/11 Rpt: 27/29	Craft , Tamika (Ms.)	00065738							
4	Date	5 Payee name	•							
l	09/20/2023	Wix								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
l	\$24.66	500 Terry A Francois Blvd.								
l										
l		San Francisco, CA 94158								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
l	OF EXPENDITURE	website	Check if travel outside of Texas. Complete Schedule T.							
	LAFLINDITORL		Check if Austin, TX, officeholder living expense							
			website							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
ľ	Complete ONLY if direct expenditure to benefit C/OI		Office field							
⊨	D-1-									
l	Date 10/20/2023	Payee name								
L		Wix								
l	Amount (\$)	Payee address; City; State; Zip Code								
	\$24.66	500 Terry A Francois Blvd.								
l										
L		San Francisco, CA 94158								
l	PURPOSE OF	2 (Description							
l	EXPENDITURE	website	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
l			website							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OH									
F	Date	Payee name								
	11/21/2023	Wix								
Г	Amount (\$)	Payee address; City; State; Zip Code								
l	\$24.66	500 Terry A Francois Blvd.								
l										
		San Francisco, CA 94158								
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
l	OF EXPENDITURE	website	Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE		Check if Austin, TX, officeholder living expense							
			website							
\vdash	Complete ONLY if direct	Candidata/Officahaldar nama Offica carriba	Office held							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Onice neid							
\vdash										
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		y - al Committee		Gift/Awards/Memorials Expense		Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/11 Rpt: 28/29		Craft , Tar						00065738		
4	Date	5	Payee nam	e				•			
	12/20/2023		Wix								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$24.66		500 Terry A Francois Blvd.								
		San Francisco, CA 94158									
8	PURPOSE	(a)	Category ((See Categories listed at the top	of this sched	dule) (b)	Description				
	OF EXPENDITURE		website				_		ide of Texas. Com		
							website	n, IX	, officeholder living	expense	
							Website				
9	Complete ONLY if direct	<u> </u>	Candidate/O	fficeholder name	Of	fice sought			Office he	hld	
ľ	expenditure to benefit C/OI										

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Craft, Tamika (Ms.) 00065738 8 Amount (\$) Date 5 Name of person from whom amount is received 09/25/2023 \$1,086.00 Eleventh Admin. Judicial Region 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer State bar conference reimbursement