CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00084309		17			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Tameika J.			10/11/2024	
		NICKNAME	LAST		SUFFIX	1	
			Carter			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)	1	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		X 30th day before election	15th day after camp				
		8th day before election	appointment (office	• • • • • • • • • • • • • • • • • • • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year		
3	COVERED	07/01/2024	THROUGH	09/26/2024	real	Date Imaged	
6	EXPLANATION OF C			03/20/2024		<u> </u>	
O		iall donations (less than \$1	10) I microad the notes	of my volunteer and	we added donat	ions that were alrea	dy itamizad so
	they were listed twice		10) i misreau trie notes	s of fifty volunteer and	we added donat	ions mai were area	uy itemizeu so
	,	, .p.					
7	AFFIDAVIT		Isw	ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
				correct.		,	.,
			Che	ck the box next to any	and all applicat	ole statements:	
			5.1.0	on the sex here to daily	and an approac		
				Semiannual reports			
				was made in good fa misrepresent the info			or to
				meroprocent are not		.ou are reports	
			X	Other reports: 1 s			
				report not later than that the report as ori			
				swear, or affirm, that	t any error or om		
				filed was made in go	ood faith.		
				The H	Ionorable Tam	eika 1 Carter	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signatu	ire of Candidate	or Officeriolder	
	ALLANOIART 31	AIVII / JLAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		. this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	,s u e.		
		,, , 3 3 3 3	, , , , , , , , , , , , , , , , , , , ,				
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th T	Γitle of officer admini	istering oath

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) 00084309 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tameika J. NAME Date Received **ELECTRONICALLY FILED** 10/11/2024 NICKNAME LAST **SUFFIX** Carter 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** Bianca NAME NICKNAME LAST **SUFFIX** Roberson, Esq. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 628-5266 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X 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** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 400 Fort Bend District Judge District 400

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 17

13 C / OH NAME	Carter, Tameika J. (T	he Honorable)	14 Filer ID 00084309	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this i	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	RNAME	
		COMMITTEE CAMPAIGN TREASUREF	RADDRESS	
46 CONTRIBUTION	1 TOTAL INITEM	ZED DOUBLEAL CONTRIBUTIONS (ATTI	JED THAN DIEDOEG LOANS	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTI ES OF LOANS, OR CONTRIBUTIONS M		\$ 5,800.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 22,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 37,631.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (RIOD	OF THE LAST DAY OF THE	\$ 44,411.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOTING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			der penalty of perjury, that the acc includes all information required t on Code.	
		ТІ	he Honorable Tameika J. Car	ter
		Si	gnature of Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	er administering oath	Printed name of officer administerin	ag oath Title of office	r administering oath
Signature or offic	er aummistering battl	r initeu name oi oiitei aumiilisteiii	ny oan Thie of Office	auniiiiisteriiig Udlii

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK 3	4 of 17
l	ER NAN	ME meika J. (The Honorable)	19 Filer ID 00084309	(Ethics Co	mmission Filers)
I		E SUBTOTALS SCHEDULE		SUB ⁻	TOTAL AMOUNT
1.	X	\$	22,800.00		
2.		\$			
3.		\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	37,631.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this t	form.	1	ages Schedule A(J)1: 7 Rpt: 5/17		
2	FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Carter, Tam	rter, Tameika J. (The Honorable)		000843	309			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount	of Contribution (\$)		
	08/17/2024	Aggarwal, Gopal				\$1,000.0		
		6 Contributor address; City;	State; Zip Code					
		Richmond, TX 77407						
8	Contributor's	Principal Occupation	9 Contributor's Job Title					
	Business owner Business owner							
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	Krishna Mar	nagement		Na				
12	If contributor i	s a child, law firm of parent(s) (i	f any)					
	Na			Na				
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount	of Contribution (\$)		
	07/29/2024	Bell, Donna				\$300.0		
		Contributor address; City;	State; Zip Code		"			
		Wesley Chapel, FL 335	45					
	Contributor's Principal Occupation Contributor's Job Title							
	Professor			Professor				
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	Univ of Mary	land Global		Na				
	If contributor i	s a child, law firm of parent(s) (i	f any)]				
	Na			Na				
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)		
	07/28/2024	Cox, Lee	Under of state 1 AC (ID#.		7 1110 0110	\$500.0		
	0.7207202.	Contributor address; City;	State: 7in Code			7000.0		
		Contributor address, City,	State, Zip Code					
		Richmond, TX 77406						
_	Contributor's	Principal Occupation		Contributor's Job Title				
		Thiolpai Occupation						
	Attorney Attorney Contributor's employer/law firm Law firm of contributor's				nouse (if any	\		
				Na	pouse (ii arry)		
		s a child, law firm of parent(s) (i	f any)	TVG.				
	Na	s a crilia, law lilili or pareria(s) (i	i arry)	Na				
	. 144			144				

	MONET	ARY POLITICAL (ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J): Sch: 2/7 Rpt: 6/17	L:
2	FILER NAME	eika J. (The Honorable)			1	Filer ID (Ethics Commissi 00084309	on Filers)
4	Date 07/28/2024	5 Full name of contributor Ellis, Donna6 Contributor address; City; S	a address; City; State; Zip Code		_	Amount of Contribution (\$)	\$250.00
		Sugar Land, TX 77498					
8		Principal Occupation		9 Contributor's Job Title			
_	Retired			Na			
10	10 Contributor's employer/law firmNa11 Law firm of contributor'sNa					e (if any)	
12		s a child, law firm of parent(s) (if	any)				
	Na		,	Na			
F	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	09/17/2024 Franco, Leticia Contributor address; City; State; Zip Code						\$1,000.00
	Richmond, TX 77469						
		Principal Occupation		Contributor's Job Title			
	Paralegal			Paralegal			
		employer/law firm Eduardo Franco		Law firm of contributor's sp Law Office of Eduardo F			
_		s a child, law firm of parent(s) (if	anv)	Law Office of Education	ιιαι		
	Na	s a crina, law initi of parcria(s) (in	arry)	Na			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	09/04/2024	Gunter, Chris Contributor address; City; S	<u> </u>				\$300.00
		Missouri City, TX 77459					
Г	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>		
	Attorney						
	Contributor's employer/law firm Law firm of contributor's s				oous	e (if any)	
	Self						
If contributor is a child, law firm of parent(s) (if any)							
	Na			Na			

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.		es Schedule A(J)1 Rpt: 7/17	:	
2	FILER NAME Carter, Tame	eika J. (The Honorable)		3 Filer ID 0008430	(Ethics Commission)	on Filers)	
4	Date 09/20/2024	 5 Full name of contributor	÷)		f Contribution (\$)	\$500.00	
		Sugar Land, TX 77478					
8		Principal Occupation	9 Contributor's Job Title				
	Attorney		Attorney				
10	Contributor's 6 Self	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if any)					
	Na		Na				
	Date	Full name of contributor out-of-state PAC (ID#	f:)	Amount of	f Contribution (\$)		
	09/24/2024	Law Office of Wilvin J Carter Contributor address; City; State; Zip Code Houston, TX 77074				\$5,000.00	
Contributor's Principal Occupation Contributor's Job Title							
Contributors Frincipal Occupation							
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (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#	t:)	Amount of	f Contribution (\$)		
	09/23/2024 McKnight Esq., Eddrea Contributor address; City; State; Zip Code Houston, TX 77056					\$750.00	
		Principal Occupation	Contributor's Job Title				
	Attorney		Attorney				
	Contributor's employer/law firm Law firm of contributor's s Self Na						
	Self						
	If contributor is	s a child, law firm of parent(s) (if any)	Na				

	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: 4/7 Rpt: 8/17
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Carter, Tam	eika J. (The Honorable)		00084309	
4	4 Date 08/20/2024 5 Full name of contributor out-of-state PAC (ID#: Obialo, Derek 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$250.00	
		Richmond, TX 77407			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)	
	Self			Na	
12	If contributor i	s a child, law firm of parent(s) (i	f any)		
	Na			Na	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/05/2024	Olivo Insurance Agency	. -		\$500.00
		Contributor address; City; Richmond, TX 77406	State; Zip Code		
	Contributor's	Principal Occupation		Contributor's Job Title	
	Continuator 3	- ппстрат Оссирацоп		Continuator 3 30b Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/28/2024	Parker, Shawnda			\$1,000.00
		Contributor address; City; Houston, TX 77002	State; Zip Code		
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney	Throipar Occupation		Attorney	
				Law firm of contributor's s	enouse (if any)
	Self	employemaw iiim		Na	spouse (ii arry)
		s a child, law firm of parent(s) (i	f anv)	1	
	Na	o a oa, .a.v o. pa. o(o) (.		Na	

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1	
The Instru	ction Guide explains how	v to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 9/17	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Carter, Tame	eika J. (The Honorable)	00084309			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/18/2024	Prestage , Grady			\$1,000.00	
	6 Contributor address; City; S	State; Zip Code			
	Missouri City, TX 77459				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
FB County C	Official		Commissioner		
10 Contributor's e	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
Fort Bend			Na		
12 If contributor is	s a child, law firm of parent(s) (if	any)			
Na			Na		
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	
07/28/2024	Reed, Derrick			\$200.00	
	Contributor address; City; S	State; Zip Code		"]	
	Pearland, TX 77584				
	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
	employer/law firm		Law firm of contributor's s	pouse (if any)	
Self	1311 6 6 (4) (6		Na Na		
	s a child, law firm of parent(s) (if	any)	No		
Na ————			Na 		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/28/2024				\$1,000.00	
	Contributor address; City; S	State; Zip Code			
	TV 77004				
	Houston, TX 77004		I		
	Principal Occupation		Contributor's Job Title		
Attorney Attorney					
	employer/law firm		Law firm of contributor's s	pouse (If any)	
Shell					
If contributor is a child, law firm of parent(s) (if any)					
Na			Na		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		:	SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1		s Schedule A(J)1 Rpt: 10/17	:
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Carter, Tam	eika J. (The Honorable)				00084309	9	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of	Contribution (\$)	
	09/18/2024	Robinson, Reginald						\$200.00
		6 Contributor address; City;	·					
		Missouri City, TX 77459						
8		Principal Occupation		9 Contributor's Job Title				
	Community			Director CSCD				
10	10 Contributor's employer/law firm 11 Law firm of contributor's					se (if any)		
Fort Bend County Na								
12	! If contributor i	s a child, law firm of parent(s) (i	f any)					
	Na			Na				
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of	Contribution (\$)	
	07/28/2024 The Hadi Law Firm						\$2,500.00	
	Contributor address; City; State; Zip Code				"			
		Houston, TX 77036						
Contributor's Principal Occupation Contributor's Job Title				Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	Law firm of contributor's spouse (if any)			
	If contributor i	a a shild law firm of parant(a) (i	family					
	ii continutori	s a child, law firm of parent(s) (i	i airy)					
_	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of	Contribution (\$)	
	07/28/2024	bass, tavita	–				, ,	\$250.00
		Contributor address; City;	State; Zip Code					
		. , ,	, ,					
		oakland, CA 94607						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Insurance			Underwriter				
Contributor's employer/law firm Law firm of contributor				Law firm of contributor's s	pous	se (if any)		
	NMI Na							
	If contributor i	s a child, law firm of parent(s) (i	f any)	•				
	Na			Na				

MONE	TARY POLITICAL CONTRIBUTION	ONS			SCHEDULE	A(J)1		
The Instr	uction Guide explains how to complete this t	form.	1		ges Schedule A(J 7 Rpt: 11/17)1:		
2 FILER NAMI Carter, Tar	E neika J. (The Honorable)		1	Filer ID 000843	(Ethics Commiss	sion Filers)		
4 Date 08/31/2024	5 Full name of contributor out-of-state PAC (ID#:) davis Esq., myron 6 Contributor address; City; State; Zip Code				of Contribution (\$	\$250.00		
	houston, TX 77074							
8 Contributor's attorney	s Principal Occupation	9 Contributor's Job Title Attorney						
10 Contributor's employer/law firm11 Law firm of contributor'sSelfNa								
12 If contributor Na	r is a child, law firm of parent(s) (if any)	Na						
Date 09/21/2024	Contributor address; City; State; Zip Code			Amount (of Contribution (\$	\$250.00		
missouri city, TX 77459 Contributor's Principal Occupation Contributor's Job Title								
Senior Dire		Senior Director						
Vertex	s employer/law firm	Law firm of contributor's spouse (if any) Na						
If contributor Na	r is a child, law firm of parent(s) (if any)	Na						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense 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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission I	Filers)
	Sch: 1/6 Rpt: 12/17	Cart	er, Tameika J. (The Honoi	rable)				00084309		
4	Date	5 Paye	e name							
	09/06/2024	Cou	rtney Grigsby Consulting							
6	Amount (\$) \$2,723.00	l .	e address; City; Main Street	State; Zip C	ode					
		Hou	ston, TX 77002							
8	PURPOSE OF		gory (See Categories listed at the to	p of this schedule)	(b)	Description	ata	ide of Toyon Com	mloto Cobodulo T	
	EXPENDITURE	Con	sulting Expense					ide of Texas. Com , officeholder living		
						Consulting ar	nd	advertising		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Complete ONLY if direct Candidate/Officeholder name ONLY if direct C					Office h	eld				
	Date	Paye	e name							
	09/23/2024	Cou	rtney Grigsby Consulting							
	Amount (\$)	Paye	ee address; City;	State; Zip C	ode					
	\$2,756.00	708	Main Street							
		Hou	ston, TX 77002							
	PURPOSE OF		gory (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Con	sulting Expense					ide of Texas. Com , officeholder living		
						Consulting &				
	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	Office so	ught			Office he	eld	
	Date	Paye	e name							
	07/16/2024	Dibr	ell & Associates							
	Amount (\$)	Paye	e address; City;	State; Zip C	ode					
	\$5,160.00	4203	3 Glade Shadow Ct							
		Katu	r, TX 77494							
L	PURPOSE				(h)	Description				
	OF		gory (See Categories listed at the to ertising Expense	p of this schedule)	(5)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	1.0.1						, officeholder living	g expense	
						Digital Advert	tisii	ng		
L	Complete ONLY if direct	Candi	date/Officeholder name	Office so	uaht			Office he	2ld	
	expenditure to benefit C/O		acto, omooriolaer riame	Oince 301	agrit			Cilico III		
\vdash										
										0 546

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/AM

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica 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: 2/6 Rpt: 13/17	Carter, Tameika J. (The Honorable) 00084309				
4	Date	5 Payee name				
	07/29/2024	Dibrell & Associates				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$5,200.00	4203 Glade Shadow Ct				
		Katy, TX 77494				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Consulting work				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	4				
	Date	Payee name				
	08/28/2024	Dibrell & Associates				
	Amount (\$)	Payee address; City; State; Zip Code				
\$7,300.00 4203 Glade Shadow Ct						
		Katy, TX 77494				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Consulting & advertising				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	-				
	Date	Payee name				
	09/06/2024	Dibrell & Associates				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$864.00	4203 Glade Shadow Ct				
		Katy, TX 77494				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Advertising				
		Advertising				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
1	Total pages Schedule F1:	2 EII ED NAM	 E				3	Filer ID	(Ethics Commis	sion Filers)
_	Sch: 3/6 Rpt: 14/17		∟ neika J. (The Honora	able)			ľ	00084309	(Ethics Commis	310111 11013)
4	Date	5 Payee name	<u> </u>							
_	09/18/2024	Fort Bend								
6	Amount (\$) \$500.00	7 Payee addre 1902 4th S Rosenberg	•	State; Zip Co	ode					
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising		of this schedule)		Check if travel	, TX	ide of Texas. Com , officeholder living	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ight			Office h	eld	
	Date	Payee name								
	09/19/2024	1	uilding Coalitions To	gether						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3,000.00	527 Jeff Da	avis Dr.							
		Richmond,			ı					
	PURPOSE OF EXPENDITURE		see Categories listed at the top ages/Contract Labor		(b)	=		ide of Texas. Com	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ight			Office he	eld	
	Date	Payee name)							
	07/22/2024	M3 Graphi								
	Amount (\$) \$586.00	Payee addre	•	State; Zip Co	ode					
		Houston , ⁻	TX 77099							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	=		ide of Texas. Com , officeholder livinç	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ight			Office he	eld	

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

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

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/6 Rpt: 15/17	Carter, Tameika J. (The Honorable)	00084309				
4	Date	5 Payee name					
	08/02/2024	M3 Graphics					
6	Amount (\$)	7 Payee address; City; State; Zip Code	е				
	\$1,167.00	11730 Wilcrest Dr.					
		Houston , TX 77099					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITORE			Check if Austin, TX, officeholder living expense			
				Yard signs			
_				000			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held			
	Date	Payee name					
	09/24/2024	M3 Graphics					
	Amount (\$)	Payee address; City; State; Zip Cod	е				
	\$1,927.00	11730 Wilcrest Dr.					
		Houston , TX 77099					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.			
_/			Check if Austin, TX, officeholder living expense Cards & signs				
				Outus & Signs			
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held			
	expenditure to benefit C/OI			Since near			
	Date	Dove name					
	08/26/2024	Payee name Moon, Felicia					
			-				
	Amount (\$)	Payee address; City; State; Zip Code 3311 Raleigh Row	е				
	\$250.00	3311 Raleigii Row					
		Min 10% TV 77450					
		Missouri City, TX 77459					
	PURPOSE OF	,	b)	Description			
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
				Bags & food for volunteers			
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held			
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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: 5/6 Rpt: 16/17	Carter, Tameika J. (The Honorable) 00084309
4	Date	5 Payee name
	08/12/2024	Party City
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$83.00	16734 Southwest Freeway
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Table decor
		l able decoi
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/31/2024	RelyReach ASHADE Tech
	Amount (\$)	Payee address; City; State; Zip Code
l	\$2,950.00	1000 Main St.
		Houston, TX 77002
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Texting
┡	Operation ONLY if dispert	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
l	Date	Payee name
	09/24/2024	Texas Democrat Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	527 Jeff Davis Dr.
l		
		Richmond, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
1		Push Cards
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1
_		

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/6 Rpt: 17/17	2 FILER NAME Carter, Tameika J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084309
4	Date 07/29/2024	5 Payee name Texas Democratic Party
6	Amount (\$) \$1,665.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) VAN (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Network Access
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/24/2024	Payee name The Fort Bend Church
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1900 Eldridge Rd Sugar Land, TX 77478
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor Ad
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held