#### 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 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tamika NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 189 Harris

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Craft , Tamika (The I	Honorable)	<b>14</b> Filer ID (I 00065738	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu  These expenditures may have been made without is d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
 16 CONTRIBUTION	1. TOTAL UNITEM	IIZED POLITICAL CONTRIBUTIONS(OTHER THAN	J DI EDGES I DANS			
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 60,050.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	,	\$ 0.00			
	4. TOTAL POLIT	TICAL EXPENDITURES		<b>\$</b> 18,415.43		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 52,098.55		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Hor	norable Tamika Craft			
		Signature of	Candidate or Officehold	der		
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
		aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

			C	JVEF	3 of 26
I	LER NAN aft , Tar	ME mika (The Honorable)	<b>19</b> Filer ID 00065738	(Ethics	s Commission Filers)
I	AME OF	S	SUBTOTAL AMOUNT		
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					60,050.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	18,415.43
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	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	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	875.00

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/26
2	FILER NAME Craft , Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738
4	Date 05/29/2025	<ul><li>5 Full name of contributor</li><li>AZA</li><li>6 Contributor address; City; \$</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77010				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	05/29/2025	Armstrong Lee and Bake Contributor address; City; S	er			\$5,000.00
		Houston, TX 77092				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	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 (\$)
	05/01/2025	Dixon, Angela Contributor address; City; S	State; Zip Code			\$2,500.00
		Houston, TX 77044		_		
		Principal Occupation		Contributor's Job Title		
	attorney Attorney				77	
Contributor's employer/law firm  Law firm of contributor's s  Law Office of Angela Dixon			oou	se (If any)		
		s a child, law firm of parent(s) (if	any)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/26		
2	FILER NAME Craft , Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738		
4	Date 05/13/2025	05/13/2025 Fogler, Brar, O'Neil & Gray LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00			
		Houston, TX 77010						
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)					
	Date Full name of contributor out-of-state PAC (ID#:) 05/14/2025 Gibbs, Robin  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00				
		Houston, TX 77002						
		Principal Occupation		Contributor's Job Title				
attorney  Contributor's employer/law firm  Gibbs Bruns  If contributor is a child, law firm of parent(s) (if any)			Law firm of contributor's sp	oous	se (if any)			
			, ,					
	Date 05/22/2025	Full name of contributor Gibbs, Robin Contributor address; City;	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$500.00		
		Houston, TX 77002		T				
	Contributor's Principal Occupation Contributor's Job Title attorney Attorney							
-	Contributor's employer/law firm  Law firm of contributor's s			oous	se (if any)			
Gibbs Bruns								
	If contributor is	s a child, law firm of parent(s) (i	f any)					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/26			
2	FILER NAME Craft , Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738			
4	Date 05/29/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00				
		Houston, TX 77002							
8		Principal Occupation		9 Contributor's Job Title					
	Attorney			Attorney					
10	Contributor's e	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) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	05/29/2025 Halepota, Shahmeer  Contributor address; City; State; Zip Code			\$1,000.00					
		Houston, TX 77002							
	Contributor's Principal Occupation Contributor's Job Title								
	Attorney			Attorney					
	Contributor's 6	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)						
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)			
	05/29/2025	Hinton, Teisha				\$100.00			
		Contributor address; City;  Houston, TX 77003	State; Zip Code		•				
	Contributor's F	Principal Occupation		Contributor's Job Title	_				
	Attorney								
	Contributor's employer/law firm  Law firm of contributor's s			oous	se (if any)				
	Law of Hinto	n							
	If contributor is	s a child, law firm of parent(s) (if	any)						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/26			
2	FILER NAME Craft , Tamil	ка (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738			
4	Date 05/13/2025	<ul><li>5 Full name of contributor Kretzer, Seth</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00			
		Houston, TX 77074							
8		Principal Occupation		9 Contributor's Job Title					
	Attorney			Attorney					
10		employer/law firm f Seth Kretzer		11 Law firm of contributor's sp	oou	se (if any)			
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	J					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)			
	05/29/2025 Lowenberg, Mike  Contributor address; City; State; Zip Code			\$5,000.00					
		Houston, TX 77056							
	Contributor's Principal Occupation Contributor's Job Title								
	Attorney			attorney					
		employer/law firm		Law firm of contributor's sp	oou	se (if any)			
		of Mike Lowenberg							
	If contributor is	s a child, law firm of parent(s) (i	fany)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	05/13/2025	McLeod, William	_			\$100.00			
		Contributor address; City;  Houston, TX 77044	State; Zip Code						
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>				
	attorney attorney								
	Contributor's employer/law firm  Law firm of contributor's s			oou	se (if any)				
McLeod Law Firm									
	If contributor is	s a child, law firm of parent(s) (i	f any)	1					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/26			
2	FILER NAME Craft , Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738			
4	Date 05/31/2025	/31/2025 McLeod, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,600.00				
		Houston, TX 77044							
8		Principal Occupation		9 Contributor's Job Title					
_	attorney			Attorney					
10		employer/law firm If William McLeod		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)	I.					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	05/29/2025 Mensing, Todd  Contributor address; City; State; Zip Code			\$5,000.00					
		Houston, TX 77025							
	Contributor's Principal Occupation Contributor's Job Title								
	attorney			Attorney					
	Contributor's 6	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)						
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)			
	05/29/2025	Moore, Darryl	_			\$1,000.00			
		Contributor address; City;  Houston, TX 77002	State; Zip Code		1				
	Contributor's I	I Principal Occupation		Contributor's Job Title					
	Attorney								
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)				
	AZA								
	If contributor is	s a child, law firm of parent(s) (if	fany)						

	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: 6/9 Rpt: 9/26	
2	FILER NAME Craft , Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738	
4	Date 05/15/2025	05/15/2025 Nolen, Rand 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500	.00	
		Houston, TX 77019					
8		Principal Occupation		9 Contributor's Job Title			
	attorney			Attorney			
10	<ul><li>10 Contributor's employer/law firm</li><li>Fleming Nolen Jez</li><li>11 Law firm of contributor's s</li></ul>				oou	se (if any)	
12		s a child, law firm of parent(s) (i	f any)				
	. II continuator i	o a orma, raw mm or parom(o) (r					
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	_
06/17/2025 Pusch, Anthony  Contributor address; City; State; Zip Code			\$5,000	.00			
		Houston, TX 77023					
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney	and a conflored finance		Attorney		and (if any)	
	Pusch & Ngi	employer/law firm		Law firm of contributor's sp	Jou	se (II ally)	
		s a child, law firm of parent(s) (i	f anv)				
			,,				
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	_
	05/29/2025	Shleby, Timothy	_			\$2,500	.00
		Contributor address; City;	State; Zip Code				
	Contributorio	Woodlands, TX 77389		Constribute de Joh Title			
	Contributor's Principal Occupation Contributor's Job Title Attorney Attorney			Attorney			
	Contributor's employer/law firm  Law firm of contributor's s			oou	se (if any)		
AZA					(·· ····y)		
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/26			
2	FILER NAME Craft . Tamil	ka (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738			
4	Date 05/13/2025	<ul><li>5 Full name of contributor</li><li>Stogner, Brant</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00			
		Houston, TX 77042		_					
8		Principal Occupation		9 Contributor's Job Title					
	attorney			attorney					
10	Contributor's 6	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)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	05/29/2025 Stogner, Brant  Contributor address; City; State; Zip Code			\$2,500.00					
		Houston, TX 77042							
	Contributor's Principal Occupation Contributor's Job Title								
	attorney			Attorney					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
		s a child, law firm of parent(s) (if	any)						
L		T			_				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	05/29/2025	Stogner, Brant  Contributor address; City;	State; Zip Code			\$2,500.00			
		Houston, TX 77042							
	Contributor's I	Principal Occupation		Contributor's Job Title	_				
	attorney Attorney								
	Contributor's employer/law firm  Law firm of contributor's s			oous	se (if any)				
	AW								
	If contributor is	s a child, law firm of parent(s) (if	any)						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/26				
2	FILER NAME Craft , Tamil	ка (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065738		
4	Date 05/29/2025	<ul><li>5 Full name of contributor Uddin, Monica</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00		
		Houston, TX 77006		_				
8		Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	O Contributor's 6  AZA	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#:	)		Amount of Contribution (\$)		
	05/29/2025 Ware Jackson  Contributor address; City; State; Zip Code			\$1,000.00				
		Houston, TX 77019						
	Contributor's I	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm Law firm of contributor			Law firm of contributor's sp	oous	se (if any)			
	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 (\$)		
	05/29/2025	West, Subvet	_			\$2,500.00		
		Contributor address; City; Plano, TX 75074	State; Zip Code					
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney Attorney			Attorney				
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)			
Law Firm of Subvet West								
	If contributor is	s a child, law firm of parent(s) (i	f any)	1				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		ages Schedule A(J) /9 Rpt: 12/26	1:
2	FILER NAME Craft , Tamil	ER NAME aft , Tamika (The Honorable)			3		(Ethics Commiss	sion Filers)
4	Date 05/20/2025  5 Full name of contributor out-of-state PAC (ID#:) Yetter Coleman LLP  6 Contributor address; City; State; Zip Code		7	Amount	t of Contribution (\$)	\$1,000.00		
8	Contributor's I	Houston, TX 77002 Principal Occupation		9 Contributor's Job Title				
ľ	Contributor 3 i	micipal Occupation		5 Contributor 3 300 Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pous	se (if any	)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>				
	Date 05/29/2025	Full name of contributor Zavitsanos, Joni	out-of-state PAC (ID#:_	)		Amount	t of Contribution (\$)	\$5,000.00
		Contributor address; City; :  Houston, TX 77024	State; Zip Code					
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
	Contributor's e	employer/law firm		Law firm of contributor's s	pous	se (if any	)	
	If contributor i	s a child, law firm of parent(s) (if	any)					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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/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: 1/13 Rpt: 13/26	Craft , Tamika (The Honorable) 00065738
4	Date	5 Payee name
	05/30/2025	Etsy/Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	117 Adams Street
		Brooklyn, NY 11201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		award
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Fiesta Guadalajara
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.44	3522 Irvington
	Ψ232.44	3322 IIVIIIgtori
		Houston, TX 77009
	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  Staff appreciation
		Stan appreciation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/01/2025	Fifth Ward Missionary Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	4300 Noble
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		donations to community
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Com

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/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: 2/13 Rpt: 14/26	Craft , Tamika (The Honorable) 00065738					
4	Date	5 Payee name					
	06/06/2025	HBAD					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	5300 Griggs					
		Houston, TX 77021					
8	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					
		1003					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O						
L							
	Date	Payee name					
	06/03/2025	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$93.88	7405 1960 RD					
		Humble, TX 77346					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		food beverage for staff					
		i i i i i i i i i i i i i i i i i i i					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
<b> </b>	Data						
	Date	Payee name					
	01/29/2025	Harris County Democratic Party					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$60.00	4619 Lyons Avenue					
		Hoston, TX 77020					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Austin, TX, officeholder living expense					
		fees					
	0 1 0 0 0 0 0 0						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	onponditure to benefit Orom						

### 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 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: 3/13 Rpt: 15/26	Craft , Tamika (The Honorable) 00065738
4	Date	5 Payee name
	03/03/2025	Harris County Democratic Party
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code
	\$00.00	4619 Lyons Avenue
		Hoston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/31/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	4619 Lyons Avenue
		Hoston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fees
	Consolete CNII V if disent	Our file to Coff and held an arrange of the country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Dougo nama
	04/29/2025	Payee name  Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	4619 Lyons Avenue
		Hoston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fees
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Politica Credit Card Payment	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: 4/13 Rpt: 16/26	Craft , Tamika (The Honorable) 00065738					
4	Date	5 Payee name					
	05/29/2025	Harris County Democratic Party					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$60.00	4619 Lyons Avenue					
		Hoston, TX 77020					
8	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					
		ices					
<u> </u>	0 1. 0						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	experience to benefit of or						
	Date	Payee name					
	06/30/2025	Harris County Democratic Party					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$60.00	4619 Lyons Avenue					
	·						
		Hoston, TX 77020					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experiantare to benefit of er						
	Date	Payee name					
	06/23/2025	Houston Lawyers Association					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$70.00	201 Caroline					
		Houston, TX 77002					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		fees					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	experialitare to benefit 6/00						

### 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/13 Rpt: 17/26	Craft , Tamika (The Honorable) 00065738				
4	Date	5 Payee name				
	06/30/2025	Kherkher Garcia LLP				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10,000.00	2925 Richmond				
		Ste. 1560				
		Houston, TX 77098				
_	DUDDOCE	(b) c				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		attorney fees for frivilous lawsuit filed by Erin				
		Lunceford				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name				
	06/30/2025	La Familia				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$221.14	2440 Canal				
		Houston, TX 77003				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		staff lunch				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experiantific to benefit 6/01	<u>'</u>				
	Date	Payee name				
	01/13/2025	Lowe's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$107.10	7355 FM 1960				
		Humble, TX 77346				
	DUDDOCE					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Wall naner  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	wall paper  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		wall paper				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

### 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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/13 Rpt: 18/26	Craft , Tam	nika (The Honorable)					00065738		
4	Date	5 Payee name	)							
	06/02/2025	Marshalls								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$87.71	1450 West	Gray							
			-							
		Houston, T	X 77022							
8	PURPOSE OF	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	decor				=		de of Texas. Com officeholder living		
						decor	1,	, onicendider living	expense	
						4000.				
_	Complete ONLY if direct	Condidate/Off	ficeholder name	Office	ıabt			Office he	ald.	
9	Complete ONLY if direct expenditure to benefit C/O		icenoider name	Office sou	ugni			Office ne	eiu	
	Date	Payee name	;							
	06/06/2025	Pearls of L	ake Houston							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,500.00	1334 Wallis	sville							
		Houston, T	X 77049		•					
	PURPOSE OF		See Categories listed at the top o		(b)	Description				
	EXPENDITURE		ns/Donations Made B			<b></b>		de of Texas. Com officeholder living		
		Candidate/	Officeholder/Political (	Committee		Judicial Lega			expense	
						Judiciai Legai	Су	301101013111p		
	Complete ONLY if direct	Condidate/Off	ficeholder name	Office sou	ıabt			Office he	ald.	
	expenditure to benefit C/O		icendidei name	Office soc	ugnt			Office fie	au	
	Date	Payee name	?							
	06/02/2025	Ross								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$49.75	9815A FM	1960							
		Humble, T	X 77338							
	PURPOSE OF	(a) Category (S	See Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	decor				브		de of Texas. Com		
						decor	IX,	officeholder living	expense	
						uccui				
	Operation ONE VALUE	0		0′′′				0‴ :	. Lat	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ugnt			Office he	eiu	
	5.psa.a.									
_										(4.0.10(.10

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 7/13 Rpt: 19/26	Craft , Tamika (The Honorable) 00065738
4	Date	5 Payee name
	01/27/2025	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.96	9665 FM 1960 Bypass Road
		Humble, TX 77338
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	jury snacks Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		jury snacks
		july shaoks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/27/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	9665 FM 1960 Bypass Road
		Humble, TX 77338
	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  jury snacks drinks books
		july shacks alliks books
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/20/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.33	9665 FM 1960 Bypass Road
		Humble, TX 77338
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		jury,staff snacks
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### 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 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/13 Rpt: 20/26	Craft , Tamika (The Honorable)	00065738
4 Date	5 Payee name	<u>'</u>
05/16/2025	Sams Club	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$218.81	9665 FM 1960 Bypass Road	
	Humble, TX 77338	
8 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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		event expense
O Complete ONLY if direct	Condidate/Officeholder name Office acu	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held
Date	Payee name	
04/01/2025	Speedy Mail	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$123.40	7544 FM 1960 Rd	
	Houston, TX 77346	
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
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
06/04/2025	TJ Maxx	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$129.87	7055 FM 196	
	Humble, TX 77346	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  decor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	40001	Check if Austin, TX, officeholder living expense
		decor
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
experiorare 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 Committ 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		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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 9/13 Rpt: 21/26	Craft , Tamika (The Honorable)	00065738		
4	Date	5 Payee name			
	01/27/2025	Texas Center for Judiciary			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
_	\$75.00	1201 San Antonio			
		Austin, TX 78701			
8	PURPOSE				
0	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Transportation Equipment / tria related	TX, officeholder living expense		
		judicial confe	rence		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	06/04/2025	Texas Center for Judiciary			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$350.00	1201 San Antonio			
		Austin, TX 78701			
	PURPOSE	(6) 6			
	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE	1003	TX, officeholder living expense		
	conference fees				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	7			
	Date	Payee name			
	03/13/2025	Texas District Judges			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,080.75	201 Caroline			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions Made By	outside of Texas. Complete Schedule T.		
	LA LIBITORE		TX, officeholder living expense		
		donations to t	exas district judges		
	Commission ONE V. C. P.	Condidate/Officeholder news	Office held		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

### 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	I Committee Legal Services Salaries/Wa  The Instruction Guide explains how to con	ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 10/13 Rpt: 22/26	Craft , Tamika (The Honorable)				00065738	
4	Date	5 Payee name					
	04/08/2025	Texican Court					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le				
	\$396.48	501 Las Colinas					
		Irving, TX 75039					
8	PURPOSE	c , (cor canegoriae action top or and conceasion)	(b)	Description			
	OF EXPENDITURE	hotel for conference		느		ide of Texas. Com , officeholder living	
				hotel for confe			у схрепас
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld
	expenditure to benefit C/O	1					
	Date	Payee name					
	04/03/2025	United Airlines					
	Amount (\$)	Payee address; City; State; Zip Coo	le				
	\$537.96	3700 Terminal Rd					
		Houston, TX 77032					
	PURPOSE OF	,	(b)	Description			
	EXPENDITURE	airfare for conference		<b>-</b>		ide of Texas. Com , officeholder living	
				airfare		•	,
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld
	expenditure to benefit C/OI	1					
	Date	Payee name					
L	01/16/2025	Walmart					
	Amount (\$)	Payee address; City; State; Zip Coo	le				
	\$94.85	6626 FM 1960 E					
		Humble, TX 77346					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	office decor		브		ide of Texas. Com	
				Office decor	IX	, officeholder living	g expense
				00 00001			
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld
	expenditure to benefit C/OH						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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	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: 11/13 Rpt: 23/26	Craft , Tamika (The Honorable) 00065738
4 Date	5 Payee name
02/24/2025	Walmart
6 Amount (\$) \$20.29	7 Payee address; City; State; Zip Code 6626 FM 1960 E Humble, TX 77346
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  coffee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/16/2025	Walmart
Amount (\$) \$122.46	Payee address; City; State; Zip Code 6626 FM 1960 E
	Humble, TX 77346
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 ink for home office
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2025	Walmart City Code
Amount (\$) \$20.00	Payee address; City; State; Zip Code 6626 FM 1960 E
	Humble, TX 77346
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Coffee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Coffee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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

	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: 12/13 Rpt: 24/26	Craft , Tamika (The Honorable) 00065738				
4	Date	5 Payee name				
	05/22/2025	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$553.40	6626 FM 1960 E				
		Humble, TX 77346				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense				
		printer for home office				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name				
	04/01/2025	Wix				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$44.88	500 Terry A Francois Blvd.				
		,				
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  fees				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	<b>y</b>				
	Date	Payee name				
	05/28/2025	arnes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$67.17	2830 Hicks				
	401.21	2000 1 110110				
		Houston, TX 77007				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		event expense				
	Complete ONLY if direct	Condidate/Officeholder name Office pought				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

### 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

	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: 13/13 Rpt: 25/26		Craft , Tamika (The Honorable) 00065738				
4	Date	5	Payee name		•		
	01/29/2025		costco				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode			
	\$218.02		21802 Townsen				
			Humble, TX 77338				
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		jury snack		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense jury snacks		
					july shadks		
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held		
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	05/29/2025		walgreens				
	Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$45.43		2612 Smith				
			Houston, TX 77006				
	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		
					photos for fundraising event		
-	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held		
	expenditure to benefit C/OI			.g			
	Date		Payee name				
	06/30/2025		walgreens				
	Amount (\$)		Payee address; City; State; Zip Ce	ode			
	\$149.35						
		Houston, TX 77006					
	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 advertising photos		
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held		
	expenditure to benefit C/OH						

### 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: 26/26 2 FILER NAME Filer ID (Ethics Commission Filers) Craft, Tamika (The Honorable) 00065738 8 Amount (\$) Date 5 Name of person from whom amount is received 05/15/2025 Brown, Susan \$75.00 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 reimbursement for fees for judicial conference Amount (\$) Name of person from whom amount is received Date 05/15/2025 Texas Center for the Judiciary \$800.00 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer reimbursement for conference