CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** MRS. PAM A NAME Date Received NICKNAME SUFFIX GODDSON 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING 13703 PERTHSHIRE RD., HOUSTON **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713) PHONE 252.5094 Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** UAMES MR. NAME Date Processed NICKNAME LAST Date Imaged SHAPPIX STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; ZIP CODE TREASURER **ADDRESS** 11920 N. DURRETTE 17024 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (713) 385.7921 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 01 /01 / 30 / 22 THROUGH 06 ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Other Day Description General OFFICE HELD (if any) 12 OFFICE SBISD 13 OFFICE SOUGHT (if known) BOARD OF TRUSTEES, POS. 6 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	TAM GOODSON	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ -0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.				
Signature of Candidate or Officeholder				
	Please complete either option below			
900	**************************************			
8	DIANE DICKENS			
86	2400814 NOTARY PUBLIC, STATE OF TEXAS			
(1) Affidavit	FEBRUARY 7, 2024			
NOTARY STAMP/SEA				
Sworn to and subscribed		17 day of May,		
20 12, to certify which, witness my hand and seal of office. Draine Dickens Diane Dickens motary public				
Signature of officer administr	•	Title of officer administering oath		
	OR			
(2) Unsworn Declarat	ion			
My name is	, and my date of birth is			
	, and my date of blint to			
		state) (zip code) (country)		
Executed in	County, State of , on the day of (month			
	Signature of Candid	date/Officeholder (Declarant)		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	· Complete only if "Report Type" on page 1 is	s marked "Final Report" ·•
CIOH	NAME	2 Filer ID (Ethics Commission Filers)
С/ОП		2 Filer ID (Ethics Commission Filers)
	PAM GODDSON	
SIGN	ATURE	
	ot expect any further political contributions or political expenditures in c	
	nating a report as a final report terminates my campaign treasurer appo	
camp	aign contributions or make any campaign expenditures without a camp	aign treasurer appointment on file.
		Tru Torson
		Signature of Candidate / Officeholder
FILE	R WHO IS NOT AN OFFICEHOLDER	
·· Co	mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
V	I do not have unexpended contributions or unexpended interest or	income earned from political contributions.
	Lhave upovponded contributions or upovponded interest as income	and Same adition and the still
L	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended	
	personal use. I also understand that I must file an annual report	
	unexpended contributions or unexpended interest or income earner	
	filling this final report. Further, I understand that I must dispose of uniterest or income earned on political contributions in accordance via	
	interest of moonie during on political contributions in accordance v	war the regularities of Election Gode, § 254.204.
В.	ASSETS	
Che	eck only one:	
V	I do not retain assets purchased with political contributions or inter-	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of	
	that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purc	
	requirements of Election Code, § 254.204.	nacesymm portions of the same with the
		they Gorson
		Signature of Candidate
5 OFF	CEHOLDER	
	omplete this section only if you are an officeholder	
1	lam quare that I remain authority 500-year in the second	
	I am aware that I remain subject to filing requirements applicable to ar file. I am also aware that I will be required to file reports of unexpend	
	an officeholder, I retain political contributions, interest or other incom	
	political contributions or interest or other income from political contributions	