

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:																							
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:30%; font-size: small;">FIRST</td> <td style="width:10%; font-size: small;">MI</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">Marka Breann</td> <td></td> <td colspan="2"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">Buxkempur</td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI				Marka Breann				NICKNAME	LAST	SUFFIX				Buxkempur				OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">4/2/24</div> <div style="font-size: 1.5em;">AC</div>		
	MS / MRS / MR	FIRST	MI																								
	Marka Breann																										
NICKNAME	LAST	SUFFIX																									
	Buxkempur																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address																											
5 CANDIDATE / OFFICEHOLDER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:10%; font-size: small;">EXTENSION</td> <td colspan="2"></td> </tr> <tr> <td>(806)</td> <td>843 484 632</td> <td>8144</td> <td colspan="2"></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION			(806)	843 484 632	8144			Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		Receipt #	Amount \$								
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	Buxkempur																										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">3 Crockett Circle, Levelland, TX 79334</td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3 Crockett Circle, Levelland, TX 79334																
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9 REPORT TYPE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> January 15</td> <td style="width:15%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)												
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11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td style="font-size: x-small;"><input type="checkbox"/> Primary</td> <td style="font-size: x-small;"><input type="checkbox"/> Runoff</td> <td style="font-size: x-small;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">5 / 4 / 2024</td> <td style="font-size: x-small;"><input checked="" type="checkbox"/> General</td> <td style="font-size: x-small;"><input type="checkbox"/> Special</td> <td style="text-align: center;">Mayoral</td> </tr> </table>				ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5 / 4 / 2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	Mayoral										
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12 OFFICE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: small;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="text-align: center;">City Council, Dist C</td> <td style="text-align: center;">Mayor</td> </tr> </table>				OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	City Council, Dist C	Mayor																		
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14 NOTICE FROM POLITICAL COMMITTEE(S)		<p style="font-size: x-small;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td rowspan="3" style="vertical-align: top;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS																
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GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

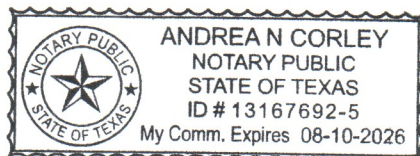
15 C/OH NAME <u>Breann Buxkemper</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4350.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4319.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Breann Buxkemper
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Breann Buxkemper this the 2nd day of April, 2024, to certify which, witness my hand and seal of office.

Andrea N. Corley Andrea N. Corley City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,350. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4319.44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Breann Buxtemper

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/2024

5 Full name of contributor

out-of-state PAC (ID#:

Ty Gregory

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

34 Crockett Cr Levelland TX 79334

8 Principal occupation / Job title (See Instructions)

Pharmacist

9 Employer (See Instructions)

Joe Arrington

Date

2/5/2024

Full name of contributor

out-of-state PAC (ID#:

James Mara

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

117 Redwood Lane Levelland TX 79334

Principal occupation / Job title (See Instructions)

Restaurant Manager

Employer (See Instructions)

Levelland Country Club

Date

2/6/2024

Full name of contributor

out-of-state PAC (ID#:

William Billingsley

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

2019 S College

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

2/20/2024

Full name of contributor

out-of-state PAC (ID#:

Kay Caroland

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

PO Box 217 Levelland, TX 79334

Principal occupation / Job title (See Instructions)

Clerk

Employer (See Instructions)

Hockley County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Annette Sykora Breann Buxkemper		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/ 2024	5 Full name of contributor out-of-state PAC (ID#: Annette Sykora 6 Contributor address; City; State; Zip Code #3 Paxton Place Levelland, TX 79336	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) General Manager Smith Auto		9 Employer (See Instructions) Smith Auto Family
Date 3/4/ 2024	Full name of contributor out-of-state PAC (ID#: Robert Martin Contributor address; City; State; Zip Code 318 Cottonwood Levelland TX 79334	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Area Manager		Employer (See Instructions) Ag Resource Management
Date 3/5/ 2024	Full name of contributor out-of-state PAC (ID#: Dee Macha Contributor address; City; State; Zip Code 302 Parkwood Levelland TX 79336	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Macha Insurance
Date 3/5/ 2024	Full name of contributor out-of-state PAC (ID#: Anthony Dallas Pena Contributor address; City; State; Zip Code #1 Crockett Cr. Levelland, TX 79334	Amount of contribution (\$) \$ 750.00
Principal occupation / Job title (See Instructions) C.O.O.		Employer (See Instructions) Allied Oilfield
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Breann Buxkemper		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/ 2024	5 Full name of contributor Allied Oilfield out-of-state PAC (ID#: 6 Contributor address; 202 Hulon Moreland City; Lexelland TX State; Zip Code 79334	7 Amount of contribution (\$) \$ 750. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/ 2024	Full name of contributor Russell Vest out-of-state PAC (ID#: Contributor address; 504 Clubview Dr. Levelland, TX 79334 City; State; Zip Code	Amount of contribution (\$) \$ 100. ⁰⁰
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Credit Union Hockley County School Employees
Date 3/25/ 2024	Full name of contributor Gina Kauffman out-of-state PAC (ID#: Contributor address; 108 Parkwood City; Levelland, TX State; Zip Code 79334	Amount of contribution (\$) \$ 250. ⁰⁰
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions) Allure Salon
Date 3/29/ 2024	Full name of contributor William Powell out-of-state PAC (ID#: Contributor address; 107 Sandalwood City; Levelland, TX State; Zip Code 79334	Amount of contribution (\$) \$ 500. ⁰⁰
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) South Plains Community Action
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Breann Buxkemper		3 Filer ID (Ethics Commission Filers)
4 Date 1-8-2024	5 Payee name Katy Moody		
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code CORE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/29/24	Payee name Carlos Martinez		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1401 College Ave Levelland, TX 79334		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Video
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3-12-2024	Payee name Commercial Printing		
Amount (\$) 61.40	Payee address; City; State; Zip Code 721 Ave G Levelland, TX 79334		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printing Business Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Breann Buxtemper		3 Filer ID (Ethics Commission Filers)				
4 Date 1-25-24	5 Payee name Lobo Graphics						
6 Amount (\$) 195.93	7 Payee address; 103 Ave H		City; Levelland	State; TX Zip Code 79334			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs				
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					

Date 1-29-24	Payee name Lobo Graphics						
Amount (\$) 7.00	Payee address; 103 Ave H		City; Levelland	State; TX Zip Code 79334			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					

Date 1-29-24	Payee name Lobo Graphics						
Amount (\$) 405.94	Payee address; 103 Ave H		City; Levelland	State; TX Zip Code 79334			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Breann Buxkemper		3 Filer ID (Ethics Commission Filers)	
4 Date 2-5-24		5 Payee name Lobo Graphics			
6 Amount (\$) 324.75		7 Payee address; 103 Ave H		City; Levelland	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2-26-24		Payee name Lobo Graphics			
Amount (\$) 164.38		Payee address; 103 Ave H		City; Levelland	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3-6-24		Payee name Lobo Graphics			
Amount (\$) 974.25		Payee address; 103 Ave H		City; Levelland	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Breann Buxkemper		3 Filer ID (Ethics Commission Filers)	
4 Date 3-21-24		5 Payee name Lobo Graphics			
6 Amount (\$) 184.03		7 Payee address; City; State; Zip Code 103 Ave H Levelland TX 79334			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses		(b) Description Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-6-2024		Payee name Choice Media			
Amount (\$) \$275. ⁰⁰		Payee address; City; State; Zip Code P.O. Box 773 Canyon, TX 79015			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description electronic sign		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-6-2024		Payee name Pen Xpress			
Amount (\$) 72.82		Payee address; City; State; Zip Code 1070-H Route 34 #196 Matawan, NJ 07747			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Pens		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Breann Buxkemper		3 Filer ID (Ethics Commission Filers)	
4 Date 3-8-24		5 Payee name Sunshine Stickers Seattle, WA 98109			
6 Amount (\$) 44.36		7 Payee address; 410 Terry Ave N City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stickers /printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3-25-24		Payee name Choice Media			
Amount (\$) 620.00		Payee address; PO Box 773 Canyon TX 79015			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/27/2024		Payee name Vistaprint			
Amount (\$) 684.52		Payee address; 275 Wyman St. Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printing expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Breann Buxkemper	3 Filer ID (Ethics Commission Filers)
4 Date 3-27-2024	5 Payee name meta	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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