

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	MS / MRS / MR	FIRST <i>Marka</i>	MI <i>Bream</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>BuxKemper</i>	SUFFIX	Date Received <i>4/2/24 AC</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE <i>3 Crockett Circle, Levelland, TX 79334</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>893 4840</i>	EXTENSION <i>632 8144</i>	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Matthew</i>	MI <i>C</i>	Receipt # Amount \$		
	NICKNAME	LAST <i>BuxKemper</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>3 Crockett Circle, Levelland, TX 79334</i>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>893 4840</i>	EXTENSION			
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>
11 ELECTION	ELECTION DATE Month <i>5</i> Day <i>/4</i> Year <i>/2024</i>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description <i>Mayoral</i>		
12 OFFICE	OFFICE HELD (if any) <i>City Council, Dist C</i>	13 OFFICE SOUGHT (if known) <i>Mayor</i>				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Breann Buxkemper

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)

\$ 4350.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 4319.44

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



ANDREA N CORLEY
NOTARY PUBLIC
STATE OF TEXAS
ID # 13167692-5
My Comm. Expires 08-10-2026

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.

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 <i>Breann Buxkemper</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1/26/2024</i>	5 Full name of contributor <i>Ty Gregory</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address; <i>34 Crockett Cr Levelland TX 79334</i>	City: _____	State: _____	Zip Code: _____
8 Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		9 Employer (See Instructions) <i>Joe Arrington</i>	
Date <i>2/5/2024</i>	Full name of contributor <i>James Mara</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; <i>117 Redwood Lane Levelland TX 79334</i>	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions) <i>Restaraunt manager</i>		Employer (See Instructions) <i>Levelland Country Club</i>	
Date <i>2/6/2024</i>	Full name of contributor <i>William Billingsley</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>2019 S College</i>	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>retired</i>	
Date <i>2/20/2024</i>	Full name of contributor <i>Kay Caroland</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; <i>PO Box 217 Levelland, TX 79334</i>	City: _____	State: _____	Zip Code: _____
Principal occupation / Job title (See Instructions) <i>Clerk</i>		Employer (See Instructions) <i>Hockley County</i>	

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 <i>Annette Sukora Breann Buxkemper</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/13/2024</i>	5 Full name of contributor <i>Annette Sukora</i>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; <i>#3 Paxton Place Levelland, TX 79334</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>General Manager Smith Auto</i>		9 Employer (See Instructions) <i>Smith Auto Family</i>	
Date <i>3/4/2024</i>	Full name of contributor <i>Robert Martin</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; <i>318 Cottonwood</i>	City; State; Zip Code <i>Levelland TX 79334</i>		
Principal occupation / Job title (See Instructions) <i>Area Manager</i>		Employer (See Instructions) <i>Ag Resource Management</i>	
Date <i>3/5/2024</i>	Full name of contributor <i>Dee Macha</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; <i>302 Parkwood Levelland TX 79334</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		Employer (See Instructions) <i>Macha Insurance</i>	
Date <i>3/5/2024</i>	Full name of contributor <i>Anthony Dallas Pena</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 750.00</i>
Contributor address; <i>#1 Crockett Cr. Levelland, TX 79334</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>COO.</i>		Employer (See Instructions) <i>Allied Oilfield</i>	
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 <i>Breann Buxkemper</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/2024</i>	5 Full name of contributor <i>Allied Oilfield</i>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$ 750.00</i>
6 Contributor address; <i>202 Hulen Moreland</i>	City; <i>Levelland TX</i>	State; Zip Code <i>79334</i>	
8 Principal occupation / Job title (See Instructions) <i>Ceo</i>		9 Employer (See Instructions) <i>Hockley County School Employees</i>	
Date <i>3/21/2024</i>	Full name of contributor <i>Russell Vest</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>504 Clubview Dr.</i>	City; <i>Levelland, TX</i>	State; Zip Code <i>79334</i>	
Principal occupation / Job title (See Instructions) <i>Hair Stylist</i>		Employer (See Instructions) <i>Credit Union</i>	
Date <i>3/25/2024</i>	Full name of contributor <i>Gina Kauffman</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; <i>108 Parkwood</i>	City; <i>Levelland, TX</i>	State; Zip Code <i>79334</i>	
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>Allure Salon</i>	
Date <i>3/29/2024</i>	Full name of contributor <i>William Powell</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; <i>107 Sandalwood</i>	City; <i>Levelland, TX</i>	State; Zip Code <i>79334</i>	
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>South Plains Community Action</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 <i>Breann Buxkemper</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-8-2024</i>	5 Payee name <i>Katy Moody</i>		
6 Amount (\$) <i>450.00</i>	7 Payee address: <i>Corps</i>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Consulting</i>	
	(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 <i>2/29/24</i>	Payee name <i>Carlos Martinez</i>		
Amount (\$) <i>\$100.00</i>	Payee address: <i>1401 College Ave Levelland, TX 79334</i>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Video</i>	
	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 <i>3-12-2024</i>	Payee name <i>Commercial Printing</i>		
Amount (\$) <i>61.40</i>	Payee address: <i>721. Ave A Levelland, TX 79334</i>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>printing Business Cards</i>	
	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
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Breann Buxkemper</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-25-24</i>	5 Payee name <i>Lobo Graphics</i>		
6 Amount (\$) <i>195.93</i>	7 Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs</i>	
	(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	Candidate / Officeholder name	Office sought	Office held
Date <i>1-29-24</i>	Payee name <i>Lobo Graphics</i>		
Amount (\$) <i>7.00</i>	Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>	
	<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 <i>1-29-24</i>	Payee name <i>Lobo Graphics</i>		
Amount (\$) <i>405.94</i>	Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>	
	<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
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Breann Buxkemper</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-5-24</i>	5 Payee name <i>Lobo Graphics</i>	
6 Amount (\$) <i>324.75</i>	7 Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs</i>
	(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 Candidate / Officeholder name <i></i> Office sought <i></i> Office held	
Date <i>2-26-24</i>	Payee name <i>Lobo Graphics</i>	
Amount (\$) <i>164.38</i>	Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>
	<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 <i></i> Office sought <i></i> Office held	
Date <i>3-16-24</i>	Payee name <i>Lobo Graphics</i>	
Amount (\$) <i>974.25</i>	Payee address; <i>103 Ave H</i>	City; <i>Levelland</i> State; <i>TX</i> Zip Code <i>79334</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>
	<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 <i></i> Office sought <i></i> 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
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	Payee name		
3-16-2024	Choice Media		
Amount (\$)	Payee address;	City;	State; Zip Code
\$275.00	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	Payee name		
3-16-2024	Pen Xpress		
Amount (\$)	Payee address;	City;	State; Zip Code
72.82	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
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)	
4 Date	5 Payee name	6 Amount (\$)	
3-8-24	Sunshine Stickers	44.34	
	Seattle, WA 98109		
7 Payee address;	City;	State; Zip Code	
410 Terry Ave N			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Stickers /printing	
	(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		
3-25-24	Choice media		
Amount (\$)	Payee address;	City;	State; Zip Code
620.00	PO Box 773	Canyon	TX 79015
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	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	Payee name		
3/27/2024	Vista print		
Amount (\$)	Payee address;	City;	State; Zip Code
684.52	275 Wyman St.	Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	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 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Breann Buxkemper</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-27-2024</i>	5 Payee name <i>meta</i>		
6 Amount (\$) <i>\$25.00</i>	7 Payee address; <i>1 Hacker Way</i>	City; <i>Menlo Park</i> State; <i>CA</i> Zip Code <i>94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description <i>Advertising</i>	
	(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 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought	Office held
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