

# 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		MI							
		NICKNAME		LAST		SUFFIX							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ADDRESS / PO BOX;		APT / SUITE #;		CITY;		STATE;		ZIP CODE			
		3 Crockett Circle, Levelland, TX								79334			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE		PHONE NUMBER		EXTENSION		OFFICE USE ONLY					
		(806)		632 8144				Date Received 4/26/24 AC					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR		FIRST		MI		Date Hand-delivered or Date Postmarked					
		NICKNAME		LAST		SUFFIX		Receipt #		Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;		CITY;		STATE;		ZIP CODE			
		3 Crockett Circle, Levelland, TX								79334			
8 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER		EXTENSION		Date Processed					
		(806)		893 4846				Date Imaged					
9 REPORT TYPE		<input type="checkbox"/> January 15		<input 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 checked="" 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		Day		Year		Month		Day		Year	
		4		/ 4		/ 2024		THROUGH		4		/ 25 / 2024	
11 ELECTION		ELECTION DATE		Month		Day		Year		ELECTION TYPE			
		5 / 4 / 24		<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other Description		mayoral			
12 OFFICE		OFFICE HELD (if any)		OFFICE SOUGHT (if known)									
		City Council Dist C.		Mayor									
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		COMMITTEE NAME									
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS									
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME									
				COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

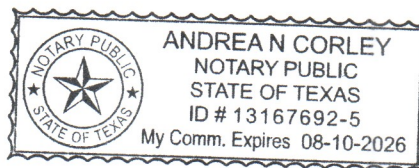
15 C/OH NAME <u>Breann Buxkemper</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,510.<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5927.28</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 26<sup>th</sup> 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

Breann Buxtemper

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 4,510.<sup>00</sup>

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

\$ 5,927.28

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 <del>Annette Sykora</del> Breann Buxkemper		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/ 2024	5 Full name of contributor Annette Sykora out-of-state PAC (ID#: 6 Contributor address; #3 Paxton Place City; Levelland, TX State; Zip Code 79334	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 Robert Martin out-of-state PAC (ID#: Contributor address; 318 Cottonwood City; Levelland TX State; Zip Code 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 Dee Macha out-of-state PAC (ID#: Contributor address; 302 Parkwood City; Levelland TX State; Zip Code 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 Anthony Dallas Pena out-of-state PAC (ID#: Contributor address; #1 Crockett Cr. City; Levelland, TX State; Zip Code 79334	Amount of contribution (\$) \$ 750.00
Principal occupation / Job title (See Instructions) C.O.O.		Employer (See Instructions) Allied Oilfield
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 Buxtemper

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/2024

5 Full name of contributor

Ty Gregory

out-of-state PAC (ID#:

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

James Mara

out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

117 Redwood Lane Levelland TX 79334

Principal occupation / Job title (See Instructions)

Restaraunt Manager

Employer (See Instructions)

Levelland Country Club

Date

2/6/2024

Full name of contributor

William Billingsley

out-of-state PAC (ID#:

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

Kay Caroland

out-of-state PAC (ID#:

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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; Levelland TX State; Zip Code 79334	7 Amount of contribution (\$) \$ 750. <sup>00</sup>
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 79336 City; State; Zip Code	Amount of contribution (\$) \$ 100. <sup>00</sup>
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. <sup>00</sup>
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. <sup>00</sup>
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) South Plains Community Action
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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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>4/9/24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Buddy Moore</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>102 Duval Levelland TX 79334</i>		
8 Principal occupation / Job title (See Instructions) <i>Oilfield</i>		9 Employer (See Instructions) <i>Self employed</i>
Date <i>4/12/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tracey Timmons</i>	Amount of contribution (\$) <i>\$60.00</i>
Contributor address; City; State; Zip Code <i>2023 Rice Levelland, TX 79334 Buttons</i>		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>NA</i>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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 Breonn Buxkemper		3 Filer ID (Ethics Commission Filers)	
4 Date 1-25-24		5 Payee name Lobo Graphics			
6 Amount (\$) 195.93		7 Payee address; City; State; Zip Code 103 Ave H Levelland TX 79334			
8 <b>PURPOSE OF EXPENDITURE</b>	(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 1-29-24		Payee name Lobo Graphics			
Amount (\$) 7.00		Payee address; City; State; Zip Code 103 Ave H Levelland TX 79334			
<b>PURPOSE OF EXPENDITURE</b>	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 1-29-24		Payee name Lobo Graphics			
Amount (\$) 405.94		Payee address; City; State; Zip Code 103 Ave H Levelland TX 79334			
<b>PURPOSE OF EXPENDITURE</b>	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	

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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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Breann Buxxemper		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2-5-24		<b>5</b> Payee name Lobo Graphics			
<b>6</b> Amount (\$) 324.75		<b>7</b> Payee address; 103 Ave H Levelland TX 79334			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Signs		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> 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 Levelland TX 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		Candidate / Officeholder name		Office sought	Office held

Date 3-6-24		Payee name Lobo Graphics			
Amount (\$) 974.25		Payee address; 103 Ave H Levelland TX 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		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; 103 Ave H Leveland TX 79334	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-6-2024	Payee name Choice Media	
Amount (\$) \$275. <sup>00</sup>	Payee address; P.O. Box 773 Canyon, TX 79015	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> 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; 1070-H Route 34 #196 Matawan, NJ 07747	
<b>PURPOSE OF EXPENDITURE</b>	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 <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

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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 <b>Breann Buxkemper</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-8-24</b>		5 Payee name <b>Sunshine Stickers</b> <b>Seattle, WA</b> <b>98109</b> City; State; Zip Code			
6 Amount (\$) <b>44.36</b>		7 Payee address; <b>410 Terry Ave N</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Stickers /printing</b>		
	(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					
Date <b>3-25-24</b>		Payee name <b>Choice Media</b>			
Amount (\$) <b>620.00</b>		Payee address; City; State; Zip Code <b>PO Box 773 Canyon TX 79015</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs</b>		
	<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					
Date <b>3/27/2024</b>		Payee name <b>Vista print</b>			
Amount (\$) <b>684.52</b>		Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Printing expense</b>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

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 3-27-2024		5 Payee name meta			
6 Amount (\$) \$25.00		7 Payee address; 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	
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	
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	
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	

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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 <b>Breann Buxkemper</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-3-24</b>		5 Payee name <b>Vista Print</b>			
6 Amount (\$) <b>167.78</b>		7 Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b>			
<b>PURPOSE OF EXPENDITURE</b>	8 (a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		(b) Description <b>Advertising Expense</b>		
	(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					
Date		Candidate / Officeholder name <b>KLVT Radio</b>			
Amount (\$) <b>292.00</b>		Payee address; City; State; Zip Code <b>611 N West Ave Levelland, TX 79336</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>Radio Ad</b>		
	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					
Date		Candidate / Officeholder name <b>Hockley County Newspress</b>			
Amount (\$) <b>460.00</b>		Payee address; City; State; Zip Code <b>711 Austin Levelland, TX 79334</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Newspaper</b>		
	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					

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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)
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4 Date 4-25-2024	5 Payee name Meta
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6 Amount (\$) 413.04	7 Payee address; 1 Hacker way City; Park, CA State; Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Advertising
	(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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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