

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	OFFICE USE ONLY Date Received <i>4/26/24 AC</i>
	NICKNAME	LAST	SUFFIX	
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	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3 Crockett Circle, Levelland, TX 79334</i>			Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
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 <i>4/4/2024</i> THROUGH <i>4/25/2024</i>
11 ELECTION	ELECTION DATE <i>5/4/24</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <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)	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.			
Additional Pages	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)

\$ 4,510.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 5927.28

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

\$

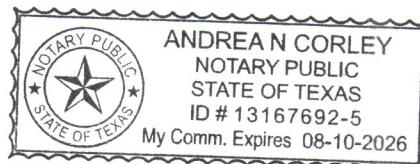
18 SIGNATURE

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 26th day of April, 20 24, to certify which, witness my hand and seal of office.

Onedea

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 Buxkemper***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,510.00</i>
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	\$ <i>5927.28</i>
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 <u>Annette Sukora</u> <u>Breann Buxkemper</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>2/13/2024</u>	5 Full name of contributor <u>Annette Sukora</u>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <u>\$ 500.00</u>
6 Contributor address; <u>#3 Paxton Place</u>	City; <u>Levelland</u>	State; Zip Code <u>TX 79334</u>	
8 Principal occupation / Job title (See Instructions) <u>General Manager</u>	9 Employer (See Instructions) <u>Smith Auto Family</u>		
Date <u>3/4/2024</u>	Full name of contributor <u>Robert Martin</u>	out-of-state PAC (ID#:)	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; <u>318 Cottonwood</u>	City; <u>Levelland</u>	State; Zip Code <u>TX 79334</u>	
Principal occupation / Job title (See Instructions) <u>Area Manager</u>	Employer (See Instructions) <u>Ag Resource Management</u>		
Date <u>3/5/2024</u>	Full name of contributor <u>Dee Macha</u>	out-of-state PAC (ID#:)	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; <u>302 Parkwood</u>	City; <u>Levelland</u>	State; Zip Code <u>TX 79334</u>	
Principal occupation / Job title (See Instructions) <u>Insurance Agent</u>	Employer (See Instructions) <u>Macha Insurance</u>		
Date <u>3/5/2024</u>	Full name of contributor <u>Anthony Dallas Pena</u>	out-of-state PAC (ID#:)	Amount of contribution (\$) <u>\$ 750.00</u>
Contributor address; <u>#1 Crockett Cr.</u>	City; <u>Levelland</u>	State; Zip Code <u>TX 79334</u>	
Principal occupation / Job title (See Instructions) <u>COO</u>	Employer (See Instructions) <u>Allied Oilfield</u>		

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

Breann Buxkemper

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/

5 Full name of contributor

TY Gregory

out-of-state PAC (ID#:

.....

7 Amount of contribution (\$)

\$ 200.00

2024

34 Crockett Cr Levelland TX 79334

8 Principal occupation / Job title (See Instructions)

Pharmacist

9 Employer (See Instructions)

Joe Arrington

Date

2/5/

Full name of contributor

James Mara

out-of-state PAC (ID#:

.....

Amount of contribution (\$)

\$ 200.00

2024

117 Redwood Lane Levelland TX

Principal occupation / Job title (See Instructions)

Restaraunt Manager

Employer (See Instructions)

Levelland Country Club

Date

2/6/

Full name of contributor

William Billingsley

out-of-state PAC (ID#:

.....

Amount of contribution (\$)

\$ 100.00

2024

2019 S College

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

2/

Full name of contributor

Kay Caroland

out-of-state PAC (ID#:

.....

Amount of contribution (\$)

\$ 500.00

2024

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

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 West</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>504 Clubview Dr. Levelland, TX 79334</i>	City; <i>Levelland</i>	State; Zip Code <i>TX 79334</i>	
Principal occupation / Job title (See Instructions) <i>Hair Stylist</i>	Employer (See Instructions) <i>Allure Salon</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>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.			

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 Binkemper</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/24</i>	5 Full name of contributor <i>Buddy Moore</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; <i>102 Duval Levelland TX 79334</i>	City; State; Zip Code		
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 <i>Tracey Timmons</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>2023 Rice Levelland, TX 79334 Buttons</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Not employed</i>		Employer (See Instructions) <i>N A</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	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>	City; State; Zip Code
6 Amount (\$) <i>195.93</i>	7 Payee address; <i>103 Ave H</i>	<i>Levelland TX 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>Candidate / Officeholder name</i> Office sought Office held	
Date <i>1-29-24</i>	Payee name <i>Lobo Graphics</i>	City; State; Zip Code
Amount (\$) <i>7.00</i>	Payee address; <i>103 Ave H</i>	<i>Levelland TX 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>	City; State; Zip Code
Amount (\$) <i>405.94</i>	Payee address; <i>103 Ave H</i>	<i>Levelland TX 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
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>2-5-24</i>	5 Payee name <i>Lobo Graphics</i>	City; State; Zip Code
6 Amount (\$) <i>324.75</i>	7 Payee address; <i>103 Ave H</i>	<i>Levelland TX 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>2-24-24</i>	Payee name <i>Lobo Graphics</i>	City; State; Zip Code
Amount (\$) <i>164.38</i>	Payee address; <i>103 Ave H</i>	<i>Levelland TX 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>3-6-24</i>	Payee name <i>Lobo Graphics</i>	City; State; Zip Code
Amount (\$) <i>974.25</i>	Payee address; <i>103 Ave H</i>	<i>Levelland TX 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
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>3-21-24</i>	5 Payee name <i>Lobo Graphics</i>	City; State; Zip Code
6 Amount (\$) <i>184.03</i>	7 Payee address; <i>103 Ave H</i>	<i>Levelland TX 79334</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</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>3-16-2024</i>	Payee name <i>Choice Media</i>	City; State; Zip Code
Amount (\$) <i>\$275.00</i>	Payee address; <i>P.O. Box 773</i>	<i>Canyon, TX 79015</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>electronic Sign</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>3-16-2024</i>	Payee name <i>Pen Xpress</i>	City; State; Zip Code
Amount (\$) <i>72.82</i>	Payee address; <i>1070-H Route 34 #196</i>	<i>Matawan, NJ 07747</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Pens</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

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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	City; State; Zip Code	
6 Amount (\$)	7 Payee address;		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 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) 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	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) 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 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>1-8-2024</i>	5 Payee name <i>Katy Moody</i>		
6 Amount (\$) <i>450.00</i>	7 Payee address; <i>1005</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>601.40</i>	Payee address; <i>721 Ave G 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>3-27-2024</i>	5 Payee name <i>meta</i>		
6 Amount (\$) <i>\$25.00</i>	7 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 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>
	<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 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			

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**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>4-3-24</i>	5 Payee name <i>Vista Print</i>		
6 Amount (\$) <i>167.78</i>	7 Payee address; <i>275 Wyman St. Waltham, MA 02451</i>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Advertising Expense</i>	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>	Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <i>KLVT Radio</i>		
Amount (\$) <i>292.00</i>	Payee address; <i>611 N West Ave Levelland, TX 79336</i>	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>Radio Ad</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>	Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <i>Hockley County Newspress</i>		
Amount (\$) <i>400.00</i>	Payee address; <i>711 Austin 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>Newspaper</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>	Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 <i>Breann Buxkemper</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-25-2024</i>	5 Payee name <i>Meta</i>		
6 Amount (\$) <i>413.04</i>	7 Payee address; <i>1 Hacker Way Park, CA</i>	City; State; Zip Code <i>94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Advertising</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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
 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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
 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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