CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 19

OFFICE USE ONLY

Date Received: MAY 02 2024 By 4:07 pm

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST: Dawn

MI

NICKNAME

LAST: Champagne

SUFFIX

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☑ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify)

5 ORIGINAL PERIOD COVERED

Month / Day / Year: 01 / 15 / 2024 THROUGH 03 / 28 / 2024

6 EXPLANATION OF CORRECTION

In-kind donation not on original filing. We had not received the receipt in time for filing. Date on donation falls under last report filing dates.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

_____
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

2 Calendar Year Covered 19

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME
Dawn
Champagne

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address
21410 Sand Bunker Circle Katy, TX 77450

5 CANDIDATE / OFFICEHOLDER PHONE
(832) 549-2059

6 CAMPAIGN TREASURER NAME
Brett
Champagne

7 CAMPAIGN TREASURER ADDRESS
Residence or Business
21410 Sand Bunker Circle Katy, TX 77450

8 CAMPAIGN TREASURER PHONE
(832) 549-2071

9 REPORT TYPE
January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment
July 15 8th day before election Exceeded Modified Reporting Limit Final Report After Office Closed

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	01	15	2024	THROUGH	03	28	2024

11 ELECTION

Election Date Month	Day	Year	Primary	Runoff	Special Election
05	04	2024	X General	Special	

12 OFFICE
KISD Board of Trustees Position 7

13 Office Sought if Different
KISD Board of Trustees, Position 7

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	Committee Name / Committee Address / Campaign Treasurer Name / Campaign Treasurer Address
X GENERAL	Friends of Dawn Champagne 21410 Sand Bunker Circle Katy TX 77450 Brett Champagne 21410 Sand Bunker Circle Katy TX 77450
SPECIFIC	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dawn Champagne

16 Filer [illegible] Ethics Commission Filer

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	$ 3614.08
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 3224.59
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1607.38
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1000.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____

20 _____ 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 Dawn Champagne and my date of birth is _____

My address is 21410 Sand Bunker Cir. (street) Katy (city) Tx (state) 77450 (zip code) Ft. Bend (country)

Executed in Fort Bend County State of Tx on the 2nd day of May (month) 20 24 (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	$ 3287.08
2.	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 226.00
3.	SCHEDULE B PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E LOANS	$
5.	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3224.59
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	$ 150.00

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 A: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor	Out-of-state PAC ID#	7 Amount of contribution ($)
	Doug Mohn		
3/3/2024	6 Contributor address: 22030 Windmill Bluff	City: Katy	State: TX Zip Code: 77450
8 Principal occupation / Job title (See Instructions):		9 Employer (See Instructions):	$250

Date	Full name of contributor	Out-of-state PAC ID#	Amount of contribution ($)
	Audralyn Allen		
3/3/2024	Contributor address: 4306 Stonecroft	City: Katy	State: TX Zip Code: 77450
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	$20

Date	Full name of contributor	Out-of-state PAC ID#	Amount of contribution ($)
	Thelma Fundore		
3/3/2024	Contributor address: 1106 Falling Water	City: Katy	State: TX Zip Code: 77450
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	$25

Date	Full name of contributor	Out-of-state PAC ID#	Amount of contribution ($)
	Richard Bauer		
3/4/2024	Contributor address: 9949 Hunter's Run	City: College Station	State: TX Zip Code: 77845
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	$500

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
2/24/2024	Brenda Shaver	1711 Oceana Ct	Katy	TX	77450	$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Meghan Palmer	2022 Winding Hollow Dr	Katy	TX	77450	$23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Cheryl Hollabaugh	1807 Hollow Wind Dr	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Denise Pyron	411 Governor's Place	Katy	TX	77450	$20

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.

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
2/24/2024	Mitzi Cross	24922 Almond Orchard Ln	Katy	TX	77450	$100

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/202	Emily Groh	214 Sand Bunker Circle	Katy	TX	77450	$20

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Eve Schaefer	4119 Garden Branch Ct.	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions): Church staff member

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Rebecca Trahan	3714 Acacia Wood Way	Katy	TX	77450	$100

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.

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
2/24/2024	Bryan Brown	21211 Kelliwood Greens	Katy	TX	77450	$40

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/26/2024	Christianna Woods	907 Red Cedar	Houston	TX	77094	$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/26/2024	Shelley Keating	28 Hollingers Island	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/4/2024	Deborah Stovall	5727 Brennan Ridge	Katy	TX	77450	$20

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.

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
2/24/2024	Raquel Estrada Smith	2306 Enchanted Park	Katy	TX	77450	$20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Paul Dunk	1814 Bule Sage	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions): Teacher

Employer (See Instructions): Katy ISD

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/24/2024	Beverly Pennington	198 Highland Terrace	League City	TX	77573	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/26/2024	Cassie Parks	145 Magnolia Ln	Fort Worth	TX	76114	$120

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.

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
2/26/2024	David Frishman	5723 Hwy Blvd	Katy	TX	77450	$50

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/29/2024	HC Grimet	PO Box 418	Pattison	TX	77466	$100

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
2/29/2024	Chancie Davis	1711 Oceana Ct	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/3/2024	La Rhonda Johnson	1938 Myrna Ln	Katy	TX	77450	$20

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.

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 A: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
3/8/2024	Kelsey Gibson	610 Brenwick Ct.	Katy	TX	77450	$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/9/2024	Kristen Lindsey	631 Aldersgate Ct.	Katy	TX	77450	$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/11/2024	Becky Kusko	1207 Emerald Green	Houston	TX	77094	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/11/2024	Ann Weiss	22107 Deforest Ridge	Katy	TX	77450	$200

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.

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: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
3/8/2024	Katrina Wilhite	2051 Arrowfield	Katy	TX	77450	$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/21/2024	Sarah Perkins	20635 Castle Bend	Katy	TX	77450	$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/18/2024	Natalie Hart	1715 Fieldbriar Ct	Katy	TX	77450	$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address	City	State	Zip Code	Amount of contribution ($)
3/21/2024	Merrilyn Stockton	27943 Bradford Ridge	Katy	TX	77450	$100

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.

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 A: 9

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date: 3/21/2024

5 Full name of contributor: Anne Russey

Out-of-state PAC ID#: _____

6 Contributor address: 28231 Shorecrest

City: Katy, TX

State / Zip Code: 77450

7 Amount of contribution ($): $99

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date: 3/21/2024

Full name of contributor: Sylvia Pursley

Out-of-state PAC ID#: _____

Contributor address: 4606 Kelliwood Manor

City: Katy

State: TX

Zip Code: 77450

Amount of contribution ($): $100

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: 3/21/2024

Full name of contributor: Jackie Ashby

Out-of-state PAC ID#: _____

Contributor address: 19707 Horseshoe Lake Dr.

City: Katy

State: TX

Zip Code: 77450

Amount of contribution ($): $20.08

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date:

Full name of contributor:

Out-of-state PAC ID#: _____

Contributor address:

City:

State:

Zip Code:

Amount of contribution ($):

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1

2 FILER NAME: Dawn Champagne

3 Filer ID - Ethics Commission Filers:

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 226.00

5 Date	6 Full name of contributor (Out-of-state PAC ID#: _____)	7 Contributor address	City	State	Zip Code	8 Amount of Contribution $	9 In-kind contribution description
3/23/2024	KEEP-Katy Educational Excellence Partners	5554 S. Peek Rd	Katy	TX	77450	$101.00	Push Cards

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation Job title (FOR NON-JUDICIAL (See Instructions)

11 Employer (FOR NON-JUDICIAL (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL

16 If contributor is a child law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor (Out-of-state PAC ID#: _____)	Contributor address	City	State	Zip Code	Amount of Contribution $	In-kind contribution description
3/25/2024	KEEP-Katy Educational Excellence Partners	5554 S. Peek Rd	Katy	TX	77450	$125.00	Endorsement Postcards

Check if travel outside of Texas. Complete Schedule T.

Principal occupation Job title (FOR NON-JUDICIAL (See Instructions)

Employer (FOR NON-JUDICIAL (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL

If contributor is a child law firm of parent(s) (if any) (FOR JUDICIAL)

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: 4

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date: 1/3/2024

5 Payee name: Office Depot

6 Amount ($): $30.30

7 Payee address: 415 S. Fry Rd.

City: Katy, TX 77450

State:

Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description: Labels

(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

Candidate / Officeholder name:

Office sought:

Office held:

Date: 2/23/2024

Payee name: Kroger

Amount ($): $47.75

Payee address: 22150 Westheimber Parkway

City: Katy

State: TX

Zip Code: 77450

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description: Kick-off Party

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

Candidate / Officeholder name:

Office sought:

Office held:

Date: 2/22/2024

Payee name: Kroger

Amount ($): $61.08

Payee address: 22150 Westheimber Parkway

City: Katy

State: TX

Zip Code: 77450

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

Description: Kick-off Party

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

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	3 Filer ID (Ethics Commission Filers)
4	Dawn Champagne	

4 Date	5 Payee name
3/8/2024	NBD Graphics

6 Amount ($)	7 Payee address	City	State	Zip Code
$331.25	917 S. Mason Road	Katy	TX	77450

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories Listed at the top of this schedule): Advertising

(b) Description: T-shirts

(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

Candidate / Officeholder name | Office sought | Office held

Date: 2/19/2024

Payee name: NBD Graphics

Amount ($)	Payee address	City	State	Zip Code
$216.50	917 S. Mason Road	Katy	TX	77450

PURPOSE OF EXPENDITURE

Category (See Categories Listed at the top of this schedule): Advertising

Description: Push Cards

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

Candidate / Officeholder name | Office sought | Office held

Date: 3/4/2024

Payee name: NBD Graphics

Amount ($)	Payee address	City	State	Zip Code
$924.29	917 S. Mason Road	Katy	TX	77450

PURPOSE OF EXPENDITURE

Category (See Categories Listed at the top of this schedule): Advertising

Description: Yard Signs

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

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: 4

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date: 2/13/2024

5 Payee name: The Katy Area Chamber of Commerce

6 Amount ($): $300

7 Payee address: 814 East Ave | City: Katy | State: TX | Zip Code: 77493

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description: Chili Cook-off Booth

(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

Candidate / Officeholder name | Office sought | Office held

Date: 3/18/2024

Payee name: NBD Graphics

Amount ($): $431.92

Payee address: 917 S. Mason Rd. | City: Katy | State: TX | Zip Code: 77450

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: Yard Signs

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

Candidate / Officeholder name | Office sought | Office held

Date: 3/25/2024

Payee name: NBD Graphics

Amount ($): $612.63

Payee address: 917 S. Mason Rd. | City: Katy | State: TX | Zip Code: 77450

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: Yard Signs

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

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1

2 FILER NAME: Dawn Champagne

3 Filer ID (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received	8 Amount ($)
	Rebecca Fox	$150
	6 Address of person from whom amount is received City State Zip Code	
	7 Purpose for which amount is received: Reimbursement half cost of shared Chili-Cook Off Booth	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received City State Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received City State Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received City State Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED